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ABSTRACT

Part 1 of this manual on coordinating health care services for Head Start children provides an overview of what Head Start health staff should do to meet the medical, mental health, nutritional, and/or dental needs of Head Start children, staff, and family members. Offering examples, lists, action steps, and charts for clarification, part 2 provides a detailed explanation of why and how the health service activities may be done. Worksheets and case studies are provided to help staff practice an activity or to show how to organize and keep information on local resources or procedures. Discussed are (1) planning and budgeting for the health program; (2) actions to be taken before implementing plans; (3) delivery of child health services for Head Start children and children with special needs; (4) program monitoring, including recordkeeping and tracking; (5) health education; and (6) program evaluation. Part 2 ends with a bibliography of materials focusing on topics discussed. Ten appendices contain health profiles, examples of community resources, job descriptions of Head Start health staff, lists of Head Start regional offices and health consultants, lists of instructional materials for use in program implementation, health education planning materials, examples of forms and letters, a list of state interagency agreements between Head Start and the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), and an evaluation form addressed to users of the manual. (RH)

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Office of Human Development Services
Administration for Children, Youth and Families
Head Start Bureau

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Head Start Health Services

Health Coordination Manual

DHHS Publication No. (OHDS) 84-31190

PS 015437

We think that this is an important book about an important subject -- coordinating the health care services for Head Start children. We expect (and hope for) improvements to the information in this book, and in the ways it is presented. We invite you to help these improvements to come about.

There is an evaluation form in the back of this manual (Appendix K) to make it easy for you to tell us what you would like to see changed, or what you like about what is here.

After you have had a chance to read and use this manual, please fill out the form and send it, as well as any other comments you may have, to:

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INITIALS, ABBREVIATIONS AND ACRONYMS

Commonly used initials, abbreviations and acronyms are listed below in alphabetical order:

ACYF	Administration for Children, Youth and Families
CCS	Crippled Children's Services
CDTs	Comprehensive Developmental Teams
CFMH	Child and Family Mental Health Project
CFRP	Child and Family Resource Program
CHAP	Child Health Assessment Program
CMR	Consolidated Management Review (replaced by IDV and SAVI Review)
CR	Community Representative, used in some regions as interchangeable with term "Program Specialist or Analyst"
EPSDT	Early and Periodic Screening, Diagnosis and Treatment Program
HC	Health Coordinator
HLS	Health Liaison Specialist
HSAC	Health Services Advisory Committee
IDV	In-depth Validation (SAVI Review)
IEP	Individualized Educational Plan
IMPD	Indian and Migrant Programs Division
LHC	Local Health Consultant (medical, nutrition or mental health area)
PA or PS	Program Analyst or Program Specialist
PCC	Parent and Child Center
PCDC	Parent and Child Development Center
PIR	Program Information Report
PRRS	Program Resource and Review Specialist
RAP	Resource Action Project
RMC	Regional Medical Consultant
RMHC	Regional Mental Health Coordinator
RNC	Regional Nutrition Coordinator
RO	Regional Office
RPD	Regional Program Director
RTO	Regional Training Office
SAVI	Self-Assessment/Validation Instrument
SAVI Review	Self-Assessment/Validation Instrument Review
In-depth Review	In-depth Self-Assessment/Validation Review
Routine Review	Routine Self-Assessment/Validation Review
STATO, STO	State Training Office
T/TA	Training and Technical Assistance
TN	Transmittal Notice
USDA	United States Department of Agriculture

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INTRODUCTION

The Health Coordination Manual

The Head Start Health Services Component

INTRODUCTION

THE HEALTH COORDINATION MANUAL

The purpose of the Health Coordination Manual is to:

1. Orient new staff to the goals and requirements of the Head Start Health Component.
2. Offer new staff the basic guidance necessary to plan and manage the Health Component.
3. Provide step-by-step guidelines which may be used by new and experienced staff to meet the minimum requirements set out in the Head Start Health Performance Standards and local community needs as assessed annually.
4. Provide suggestions and alternative approaches which may be used by new and experienced staff to continue to move beyond minimum requirements in improving current procedures and meeting special needs of Head Start children, families, staff, and community.

Part 1 of the manual provides an overview of what Head Start health staff are to do. Part 2 provides a detailed explanation of why, and of how it may be done. The manual offers examples, lists, action steps, and charts to clarify the "what, why, and how". Worksheets and case studies are provided to help you practice an activity or to show how to organize and keep information on your own local resources or procedures. You may wish to develop your own "Health Component Workbook" of local resources, plans, and procedures as a companion document to this Health Coordination Manual. Items you may wish to include in your own workbook will be suggested at the end of each section in Part 2 of this manual.

When we say "health staff" in this manual, we mean not only the person who may have the title "Health Coordinator" or "Health Aide" but also any staff who have responsibility for seeing that the medical, mental health, nutritional, and/or dental needs of Head Start children, staff, and family members are met. It will also be helpful for the Head Start Director to become familiar with the Manual, since the Director is ultimately responsible for the effective implementation of all components and for providing the support/resources necessary to those components.

The manual will first discuss the crucial process of planning and budgeting for the health program, then the things which must be done before the plans are carried out, followed by delivery of child health service, program monitoring (including recordkeeping and tracking mechanisms), health education, and evaluation of the program. Of course, all of these functions are closely interrelated and represent ongoing tasks which are performed by various people in local Head Start programs.

Figure 1 shows the interrelatedness of these functions. As indicated, the Head Start Health Component provides health services to Head Start children (including those with special needs) in order to meet relevant program goals and objectives, including development of the individual child's social competence and improvement of the family's abilities to find and use health care resources. These resources require a competent health staff, adequate materials, suitable arrangements with outside health professionals, a safe physical environment for the Head Start program, and ongoing health education. All of these require careful planning and continuous monitoring, as well as ongoing evaluation to determine how well the health component's objectives are being met.

The evaluation, in turn, will likely result in modification or improvement of the plan. While these functions are described in different sections of this manual, in actuality they occur in overlapping fashion throughout the program year.

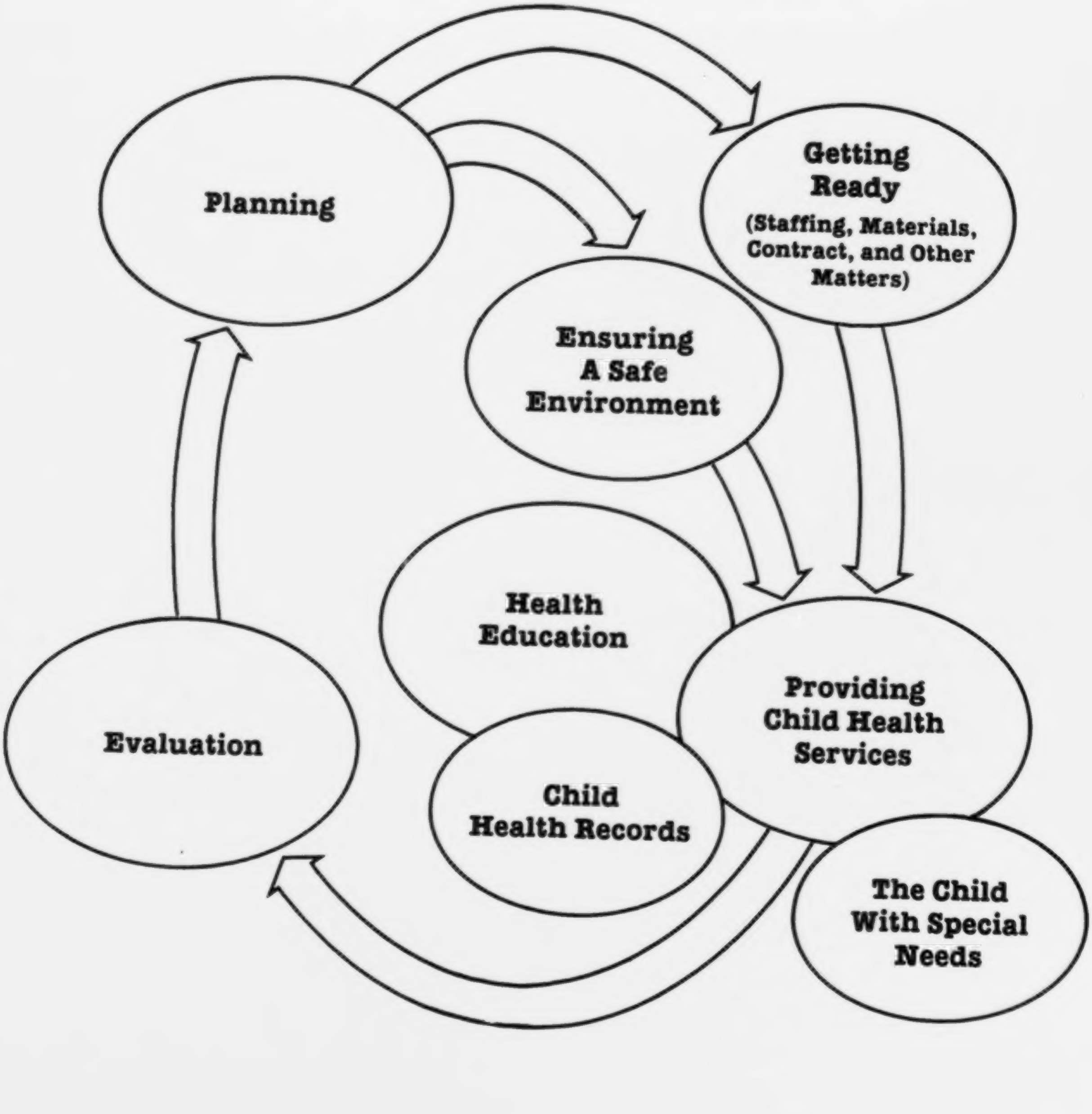
Planning
Getting Ready (Staffing, Materials, Contract, and Other Matters)
Ensuring A Safe Environment
Health Education
Evaluation
Providing Child Health Services
Child Health Records
The Child With Special Needs

FIGURE 1. INTERRELATED FUNCTIONS OF THE HEAD START HEALTH COMPONENT

THE HEAD START HEALTH SERVICES COMPONENT

The Head Start Performance Standards* provide a framework within which staff responsible for the various components can function as a team to achieve program goals. This team approach is clearly stated in the Head Start philosophy:

"A CHILD CAN BENEFIT MOST FROM A COMPREHENSIVE INTERDISCIPLINARY PROGRAM TO FOSTER DEVELOPMENT AND REMEDY PROBLEMS AS EXPRESSED IN A BROAD RANGE OF SERVICES... THE OVERALL GOAL OF THE HEAD START PROGRAM IS TO BRING ABOUT A GREATER DEGREE OF SOCIAL COMPETENCE IN CHILDREN OF LOW INCOME FAMILIES."**

A clear understanding of the meaning of social competence provides the rationale for the interdisciplinary approach. Social competence is the "CHILD'S EVERYDAY EFFECTIVENESS IN DEALING WITH BOTH PRESENT ENVIRONMENT AND LATER RESPONSIBILITIES IN SCHOOL AND LIFE. SOCIAL COMPETENCE TAKES INTO ACCOUNT THE INTER-RELATEDNESS OF COGNITIVE AND INTELLECTUAL DEVELOPMENT, PHYSICAL AND MENTAL HEALTH, NUTRITIONAL NEEDS, AND OTHER FACTORS THAT ENABLE A DEVELOPMENTAL APPROACH..." **

As shown in Figure 2, the four Head Start components (Education, Health Services, Social Services, and Parent Involvement) and their professional disciplines work together toward accomplishment of this basic Head Start mission. Such teamwork and integration are essential to an effective planning and implementation process. This integration takes into account the individual, the family, the community, and the environment.

*ACYF is proposing to revise existing Head Start regulations as part of the Department's regulatory reform initiative. At such time revised Standards are published, revised guidance will be printed and substitute pages will be sent.

**Head Start Performance Standards, July 1975

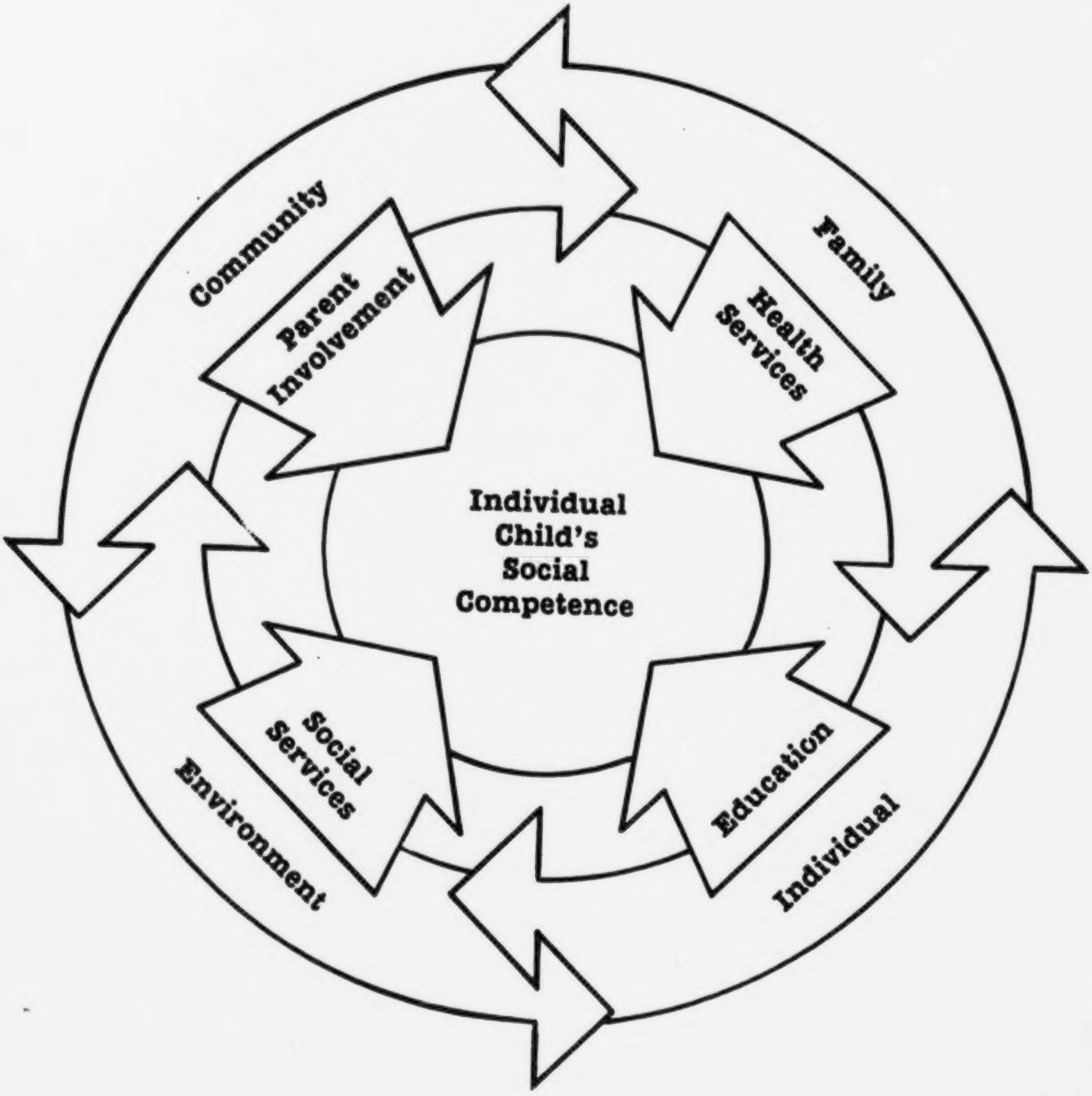
Community
Family
Parent Involvement
Health Services
Individual Child's Social Competence
Social Services
Education
Environment
Individual

FIGURE 2. HEAD START COMPONENTS WORK TOGETHER TOWARD ACCOMPLISHMENT OF MISSION

The Head Start Health Component relies on the integration of all aspects of the Head Start Program and all program staff to accomplish its purposes. The focus of the component will be determined to some extent by one's notion of the meaning of health. If health is seen as only physical well-being, then the emphasis of the program will be limited to those areas concerned with physical health. However, if health is seen as an integrated process involving physical, mental, social and ethical aspects, health services will reflect a comprehensive point of view. Any individual child's state of physical and mental health is influenced by his or her cognitive capacity and skills, by the environment, the community, and the family, just as all of these factors will in turn be influenced to some degree by the child's physical and mental health.

A Head Start health program will aim its activities not only at arranging for treatment of illness, but also at preventive measures, early detection of problems, and helping children to function at their highest attainable level of health and well-being, while encouraging families to take increasing responsibility for themselves in all these areas.

Major aspects of an adequate Head Start health services program are:

- Health Services
    - Teacher observations
    - Health screenings (medical, dental, mental health, nutrition, health aspects of the development assessment)
    - Teacher-health team conferences
    - Diagnosis, follow-up treatment (medical, dental, mental health, nutrition)
    - Services for Children with Handicaps
    - Health consultant services
    - Parent involvement in every aspect

- Health Education
    - Focus: children, parents, staff
    - An organized and planned sequence
    - Subject areas: physical, dental, mental health, nutrition, and self-responsibility
    - Objectives to be developed annually
    - Learning activities for children, parents and staff
    - Evaluation of outcomes
    - Teacher/Education Coordinator involvement in every aspect
- Healthful Program Environment
    - Developing and maintaining warm, accepting, emotional climate
    - Health status of Head Start personnel and volunteers
    - Safety/fire protection
    - Sanitation, lighting, equipment
    - Food Service Program
    - Staff and volunteer training

In recognizing the uniqueness of each individual child, health staff form a partnership of individual members advocating for the achievement of higher levels of wellness for children and families with emphasis on the concept of self-help. In addition, the Health Services Advisory Committee is the major mechanism for community input and performs the role of an advocate and "watchdog" which supports the health team concept.

PART I
WHAT TO DO

YEARLY CALENDAR OF HEAD START HEALTH TASKS

Milestone Charts or work schedules plot monthly, quarterly, and yearly tasks and activities, show who is responsible for each task, and when the task should be done. You will find a suggested calendar of activities in Figure 3, a milestone chart that has already been filled in with target dates and responsible staff. When you prepare your Health Plan (there are detailed instruction in Section I of Part 2 for doing this), you may use Figure 3 as an example for your own milestone chart.

The sample milestone chart shows a program which opens in September and has health staff for 12 months (with the children enrolled through May). Section numbers from Part 2 of this Manual are shown beside the related task on the chart to help you find the detailed information on how to do each task.

To guide you further in using the Manual, this Part 1 will summarize the basic steps involved in carrying out each group of activities of the Head Start Health Component. Thus, Part 1 of the Manual offers a quick reference source on what to do with the calendar to suggest the sequence of events, while Part 2 goes on to describe how these tasks may be done and the rationale behind them. The calendar is organized by specialty area (medical, mental health, nutrition, dental), while Part 2 follows the order of the manual, which is organized by groups of activities, roughly in the order that they will be started in a Head Start program (planning, getting ready, ensuring a safe environment, and so on), so you have two ways of looking at the things to be done in a Head Start Health Services Component.

Health Service Milestones	Refer to Section	Responsibility	Completion Date											
			S	O	N	D	J	F	M	A	M	J	J	A
I. TASKS: Medical														
1. Health Education for screening, etc., started for parents and children	VII	Health Coordinator and Teachers	●	●	●	●	●	●	●	●	●	●	●	●
2. Medical Screenings and Physical Exams completed	IV	Health Coordinator and Health Providers			●									
3. Growth Measurements Plotted	IV	Health or Nutrition Coordinator or Aides		●						●				
4. Immunizations Completed	IV	Health Coordinator and Providers			●									
5. Paid Staff and Volunteer Physicals completed	III	Health Coordinator and Director			●									
6. Safety Check/Fire Drills	III	Health Coordinator and Classroom Staff	●	●	●	●	●	●	●	●	●	●	●	●
7. Review and Update Child Health Records with Health Team	VI	Health Coordinator and Health Staff			●			●			●			
8. Obtain Parental Consents for Health Screenings	IV, VI	Health Coordinator and Program Staff												●
9. Obtain cost estimates and match with available funds	I, III, IV	Health Coordinator and Providers		●	●									
10. Medical Treatment Begun	IV	Health Coordinator and Program Staff				●								
11. Check all Immunization Records and Determine Need for boosters	IV, VI	Health Coordinator and Health Staff								●				
12. All Medical Treatment Completed	IV	Health Coordinator and Providers								●				
13. Send Health Summaries to Parents	IV, VI	Health Coordinator and Health Staff									●			
14. Obtain Medical Histories for Next Year Enrollees	IV	Health Coordinator and Program Staff										●		
15. Transfer Records to Public Schools after obtaining Parental Consents	VI	Health Coordinator and Program Staff									●			
16. Train staff in positive health practices, communicable disease, etc.	VII	Health Coordinator and Program Staff	●	●	●	●	●	●	●	●	●	●	●	●
II. TASKS: Dental														
1. Categorize/Prioritize children's needs	IV	Health Coordinator	●											
2. Obtain cost estimates and match cost estimates with available funds	I, III, IV	Health Coordinator and Dental Providers		●	●									
3. Dental services begun	IV	Health Coordinator and Dental Providers	●											
4. Train Head Start staff in plaque control (tooth-brushing)	VII	Health Coordinator and Dental Consultant												●
5. Implement plaque control (tooth-brushing)	VII	Health Coordinator and Teachers	●	●	●	●	●		●	●	●	●	●	●
6. Start dental health education	VII	Health Coordinator, Teachers and Dental Consultant	●	●	●	●	●	●	●	●	●	●	●	●
7. Review and update dental records with health team	VI	Health Coordinator and Health Staff			●			●			●			
8. Send dental summaries to parents	VI	Health Coordinator and Health Staff									●			

FIGURE 3. SAMPLE CALENDAR OF ACTIVITIES: MILESTONE CHART (Sheet 1)

FIGURE 3. SAMPLE CALENDAR OF ACTIVITIES: MILESTONE CHART (Sheet 2)

Health Service Milestones	Refer to Section	Responsibility	Completion Date											
			S	O	N	D	J	F	M	A	M	J	J	A
III. TASKS: Mental Health														
1. Review of Mental Health Records	VI	M.H. Consultant and Program Staff	●	●	●	●	●	●	●	●	●	●	●	●
2. Parents' permission for psychological or special classroom observation	IV, VI	M.H. Consultant and Teacher	●											
3. Mental Health needs of the children and families are identified	IV	M.H. Consultant and M.H. Coordinator	●	●	●	●	●	●	●	●	●	●	●	●
4. Classroom observations and checklists to identify developmental problems	IV	M.H. Consultant and Teacher	●	●	●	●	●	●	●	●	●	●	●	●
5. Team planning for children with special needs	V	M.H. Consultant and Teacher	●		●		●		●		●	●	●	●
6. Recognition and utilization of community agencies, i.e., MH/MR-Child Guidance agencies, State Health Department, etc.	I	M.H. Consultant and M.H. Coordinator	●	●	●	●	●	●	●	●	●	●	●	●
7. Developmental Assessments Completed	III, IV	M.H. Provider and Program Staff		●										
8. Mental Health Training for Staff Completed, including crisis intervention in classroom	III, VII	M.H. Consultant		●										
9. Start mental health education with parents and children	VII	M.H. Consultant, M.H. Coordinator, and Program Staff	●	●	●	●	●	●	●	●	●	●	●	●
10. Parent feedback and consultation with parents involving them in the diagnostic team's recommendations	V	M.H. Consultant, M.H. Coordinator, and Teacher	●		●		●		●		●	●		
11. Completion of physical exam prior to referral and arrangements for team input into referral for psychological evaluations.	IV, V	M.H. Consultant, M.H. Coordinator, and Health Coordinator		●										
12. Appropriate steps for diagnostic examination to evaluate emotional or behavior problem	IV, V	M.H. Consultant and M.H. Coordinator		●							●			
13. Forwarding of records and psychologicals, to enrolling school districts and establishing conferences with public school teachers	VI	M.H. Consultant and M.H. Coordinator									●			
14. All children referred for psychological evaluation completed	IV, V	M.H. Consultant and M.H. Coordinator									●			
15. Renew Mental Health consultants' contracts	III	Director and M.H. Coordinator										●		

FIGURE 3. SAMPLE CALENDAR OF ACTIVITIES: MILESTONE CHART (Sheet 3)

Health Service Milestones	Refer to Section	Responsibility	Completion Date											
			S	O	N	D	J	F	M	A	M	J	J	A
IV: TASKS: Nutrition														
1. Nutrition Assessment of Children	II, IV	Nutritionist* and Health Coordinator		●			●			●				
2. Assessment of Community Nutrition Problems	I	Health Coordinator and Nutritionist*			●							●		
3. Special Nutritional Needs of Children and Families Identified	IV	Nutritionist* and Providers		●	●									
4. Nutritional Counseling Begun	IV	Nutritionist* or Providers	●	●	●	●	●	●	●	●	●	●	●	●
5. Food Services Recordkeeping and Accounting Updated as per USDA Child Care Food Program Requirements	I, VI	Food Service Personnel and Bookkeeper/Accountant	●	●	●	●	●	●	●	●	●	●	●	●
6. All Food Service Equipment and Utensils Checked	III	Food Service Personnel/Nutrition Coordinator			●			●			●			●
7. Application for USDA Reimbursement for Meals	I	Nutritionist* or Head Start Director										●		
8. Menu Planning and Cycle Established	I	Nutritionist* and Parent Input											●	●
9. Negotiate Food Service Contracts	II	Nutritionist*										●	●	●
10. Maintain Perpetual Inventory of Food Stuffs	III	Food Service Personnel/Nutrition Coordinator	●	●	●	●	●	●	●	●	●	●	●	●
11. Food Vendors Health Compliance Check	II, VII	Food Service Personnel											●	●
12. Staff Training to Meet USDA Child Care Food Program Requirements	III	Nutritionist*	●	●	●	●	●	●	●	●	●	●	●	●
13. Center Compliance with Local Sanitary Codes Updated	III	Food Service Personnel/Nutrition Coordinator											●	●
14. Food Handler's Health Card Renewal	II	Food Service Personnel/Nutrition Coordinator												●
15. Hiring Kitchen Cooks	II	Nutritionist*, Director, and Nutrition Coordinator										●		
16. Nutrition Health Education Started	VII	Nutritionist* and Teachers	●	●	●	●	●	●	●	●	●	●	●	●

*A person with at least a B.S. degree with a major in Foods and Nutrition. May be on staff or may be a consultant.

Health Service Milestones	Refer to Section	Responsibility	S	O	N	D	J	F	M	A	M	J	J	A
V. TASKS: Community Involvement / Child Health Advocacy														
1. HSAC Formed/New members selected for next year	I	Health Coordinator and Health Staff								●	●			
2. HSAC Regular Meetings	I	Health Coordinator and HSAC Chairperson	●		●			●		●				
3. Parent Orientation to Health Component Completed	IV	Health Coordinator and Program Staff	●											●
4. Health Education Program Developed (Medical, Dental, Mental Health and Nutrition)	VII	Health Staff, HSAC, Education Staff, Teachers										●	●	●
5. Guest Speakers for Health Education Arranged	VII	Health Staff											●	●
6. Health Education Program Implemented	VII	Health Staff, Teachers, Consultants	●	●	●	●	●	●	●	●	●	●	●	●
7. Health Providers Contracted for Next Program Year	II	Health Coordinator, Director and Health Staff										●	●	●
8. Health Services Consultants (Medical, Dental, Mental Health and Nutrition) Identified and Contracts Signed	II	Health Coordinator, Director and Health Staff											●	●
9. Health Resources Directory updated and distributed to all parents	I	Health Staff	●											●
10. Assist in forming an evaluation/planning team to do individualized planning for children with special needs	V	Health Staff										●	●	●
VI. TASKS: Health Planning and Budgeting														
1. Regular Meetings of Health Team	I,II,VIII	Health Staff and Director	●	●	●	●	●	●	●	●	●	●	●	●
2. Identify Enrollees Who are Medicaid Eligible	I	Health and Social Service Staff											●	●
3. Identify Enrollees Who are Eligible for Other Health Reimbursement Programs	I	Health and Social Service Staff											●	●
4. Collect Demographic Information	I	Health and Social Service Staff								●	●			
5. Update and Revise Health Plan (incl. all four areas of health)	I	Health Staff and HSAC								●	●	●		
6. Submit Revised Health Plan to Policy Council or Committee	I	Health Coordinator										●		
7. Prepare Health Services Budget for next year	I	Health Staff and HSAC					●							
8. Health Services Plan approved by Policy Council or Committee	I	Policy Council/Committee										●		
9. Order all Health Materials Needed for next Program Year (Dental Supplies, HT/WT Charts, Health Education Films, Vision Screeners, First Aid Supplies, etc.)	II	Health Staff and Procurement Officer										●	●	
10. Evaluate Entire Health Component	VIII	Health Staff, HSAC, and Parents			●		●		●		●			

FIGURE 3. SAMPLE CALENDAR OF ACTIVITIES: MILESTONE CHART (Sheet 4)

PLANNING AND BUDGETING HEAD START HEALTH SERVICES

A Head Start health plan should describe in a detailed fashion the Head Start program's approach to meeting the Health Services Performance Standards (medical, dental, mental health and nutrition). At a minimum it must specify the task to be done, the time frame in which it will be accomplished and who will be responsible.

WHAT TO DO

- Develop a working knowledge of the requirements, policies, etc. with which each Head Start program must comply at various levels--national, regional, state, and local.
- Organize or activate a Health Service Advisory Committee of specialist health personnel and parents to help the Head Start program decide how best to meet these requirements.
- Identify the general health-related needs of the community at large (Head Start's target area) and the health needs and problems of the families specifically served by Head Start.
- Identify resources in the community which can help Head Start meet these community and family needs.
- Update and distribute to all parents a Health Resources File/Directory or the health section of the Head Start program's Community Resources Directory.
- Develop health program objectives for the coming program year with your HSAC.
- On the basis of these objectives and with HSAC input, update or draft a Head Start Health Plan to address all health areas and to comply with Performance Standards.
- On the basis of the objectives and program needs embodied in the Health Plan, develop or update an itemized health budget that projects and documents the cost of health services in all areas, the non-Head Start funding sources which are to be utilized, and the use of Head Start funds as the dollar of last resort.

GETTING READY TO CARRY OUT THE HEALTH PLAN

Once your health plan is written, a certain amount of preparation is required before you will be ready to implement the plan. You must pull together all the resources and administrative structures which are your tools for carrying out the health plan.

WHAT TO DO

- Understand your roles and responsibilities, your place on the Head Start team, and how your agency is organized.
- Identify those program tasks with which you may need help from a local, regional, or national consultant.
- Identify potential consultants (whether individuals or agencies) and negotiate/renew interagency agreements or consultant contracts with them.
- Define the needs of health personnel for orientation and training, and provide appropriate in-service training and orientation for staff and consultants.
- Make a list of the materials you will need to accomplish what has been planned and order them well in advance of the program year.
- Identify what health services your program needs and contact those community resources which may be able to provide those services.
- Negotiate/renew interagency agreements or service contracts with local providers to cover needs in all health areas. It is particularly important that screening resources be arranged as early as possible so that children's and families' health needs may be identified and appropriate treatment initiated in a timely manner.
- Review and update the administrative reporting system to ensure the submission of monthly and annual reports at various levels of the Head Start program.

ENSURING A SAFE ENVIRONMENT

A first step toward preventive health is the preparation of a safe, clean environment for the children and families both in the center and at home.

WHAT TO DO

- Develop policies and procedures for medical and dental emergencies, emergency evacuation (e.g., fire), natural disasters, and general safety precautions and post them in appropriate places in each classroom, etc.
- Orient staff, parents, and children in the procedures and conduct periodic drills and safety checks of all used space and equipment.
- Train selected transportation and other staff in first aid, and maintain up-to-date first aid kits.
- Orient staff to sanitation procedures and perform periodic sanitation checks in appropriate areas.
- Arrange for health examinations and appropriate screenings for paid staff and regular volunteers.
- Identify community resources which can assist in safety education for staff, parents, and children.
- Provide safety education for both staff and parents on safety problem areas in the home and accident prevention.

PROVIDING HEALTH SERVICES FOR HEAD START CHILDREN

A major responsibility of the Head Start Health Component is to ensure that each enrolled child receives physical, dental, nutritional and mental health services, and to link families with an ongoing system of care which can ensure continued availability of such services after Head Start.

WHAT TO DO

- Conduct a parent interview as soon as possible after enrollment, during which the family health history is completed, some consent forms may be signed, the family's usual health providers are identified, and parents are oriented to the Health Component.
- Conduct further parent orientation through the use of group meetings, written materials, center visits, and home visits.
- Assist parents in carrying out needed screening procedures and oral health categorization in accordance with Performance Standards and local HSAC policies; and arrange for needed services.
- Assess the immunization status of all children and arrange for needed immunizations, following Head Start standards and state requirements.
- Follow-up on all referrals and arrangements for further services by carrying out a regular review of the health status of all enrollees (including screenings and other services received to date) and checking out with staff and parents the current status of any needs which appear not to have been addressed.
- Assist the parents in locating the most appropriate provider for further evaluation, diagnosis or treatment of health problems, and ongoing health care; and provide support services to enable them to use those providers.
- Assist parents in making arrangements for and acquiring information about the treatment of problems which will be continuing after the child leaves the program and about future health care needs.
- Maintain contact with parents and providers to assure Head Start's ability to provide appropriate support in dealing with health needs.

- Document all services received in the appropriate records and make sure parents are aware of their child's health status. Update records as necessary and at the end of each program year.

- Prepare an end-of-year health summary on each child and discuss it with parents, obtaining their consent to forward it to the school system or the child's next service provider.

PROVIDING SERVICES FOR CHILDREN WITH SPECIAL NEEDS

In keeping with the Head Start mandate to serve the individual needs of the enrollee, the Health Component must be prepared to address the health status of those children with special needs and situations: for example, the handicapped child, the bilingual child, the abused child, or the foster child.

WHAT TO DO

- Assist in forming an evaluation/planning team to do individualized planning for children with special needs.
- Negotiate referral agreements with local health agencies to assist in the identification and recruitment of children with handicaps.
- Locate a professional diagnostic team in the community to provide diagnosis and functional assessment of children with handicaps.
- Participate in the evaluation/planning team's activities to clarify that each diagnosed child is handicapped according to Head Start criteria and that this is an appropriate placement, and to develop an individualized program plan to meet each child's needs.
- Become familiar with the health beliefs and practices of different cultural groups represented in your Head Start population.
- Make sure all health service providers used by Head Start are culturally sensitive.
- Become familiar with state and local child abuse laws and assist in arranging for staff and parent training in the identification and report of child abuse and neglect.
- Identify children not living with their biological parents and arrange for appropriate consents and receipt of health history information as necessary.
- Assist such children and families in anticipating and coping with the stresses of transition from biological to foster to adoptive placements through provision of mental health services as necessary.

MAINTAINING HEALTH RECORDS FOR HEAD START CHILDREN

A well-maintained recordkeeping system is essential to the accomplishment of Health Component goals. The three basic parts of such a system are an individual health record for child or family, a summary tracking system which tracks services provided to all enrollees, and summaries of health records which are prepared by the program for the family.

WHAT TO DO

- Review the program's individual child/family health records to make sure they are designed to contain all the necessary information. Revise as necessary.
- Review the program's tracking system to make sure it captures all the services to be monitored during the program year so that you can tell at a glance the service status of a group of enrollees. Revise as necessary.
- Train staff in the use of the recordkeeping system, making sure that responsibility for system maintenance has been clearly assigned.
- Review and update all portions of the system regularly, so as to monitor the status of each enrollee and the actions which need to be taken.
- Develop a system for sharing essential information with appropriate staff and the child's next service provider.
- Keep comprehensive records in a locked file.
- Summarize health records for parents and for the use of the next service provider (with parental permission).
- Establish a core diagnostic file for each handicapped child, containing the categorical diagnosis, the functional assessment, and the individualized program plan.
- Prepare an end-of-year summary for each child identified as handicapped for the use of the parents and any agency providing subsequent care.

PROVIDING HEALTH EDUCATION FOR CHILDREN, STAFF, AND PARENTS

The purpose of health education is to help Head Start children, staff, and parents to know and care enough about themselves that they follow positive health practices. It is the joint responsibility of health and education staff, and influences the curricula used by the Head Start Education Component.

WHAT TO DO

- On the basis of known community, staff, and Head Start family health needs and status, and with input from the HSAC, define priority health education areas for the coming year.
- Using these areas and Performance Standard requirements, define health education objectives for children, staff and parents in all health areas and in safety/first aid.
- Design learning experiences/activities for each objective.
- Develop a health education curriculum outline based on the objectives and learning experiences.
- In cooperation with your HSAC and other members of the Head Start team, plan a schedule for health education activities for the year.
- Define the concepts/topics relating to each objective and learning experience.
- Decide what methods and materials to use in teaching concepts, skills, attitudes, and behaviors to the three learner groups -- staff, parents, and children.
- Prepare lesson plans to cover discrete learning segments within the curriculum. Each lesson plan should contain objectives, content/concepts, methods, materials, and evaluation.

EVALUATING THE HEAD START HEALTH PROGRAM

Program evaluation is an essential part of the planning process for the Head Start Health Component. It is necessary in order to determine the degree to which the objectives of the Health Component have been met, the adequacy and appropriateness of all tasks done during the year, and where changes need to be made in the program for the future.

WHAT TO DO

- Orient health staff and HSAC to the SAVI and the Performance Indicator Report data. The PIR data tells the story of where your program stands in your state, region and nationally.
- Review the Performance Standards and SAVI to determine the documentation necessary for assessing all parts of the Health Component.
- Participate in the self-assessment process and discuss out-of-compliance areas with staff and HSAC.
- Modify the health plan and program activities, and develop new/additional resources as necessary to bring the health program into compliance/and meet enrollees' health needs.
- Gather all documentation necessary to demonstrate program activities for any program reviews that the Regional Office may plan for your program.
- Participate in the program review and discuss out-of-compliance areas with staff and HSAC.
- Modify the health plan and program activities to incorporate recommendations for improvement developed through the program review.
- Establish an activities file for each part of the Health Component
- Set aside time each week to bring your health statistics/information up to date.
- Evaluate parent satisfaction and observations through questionnaires, feedback sessions, attendance records, appointment compliance records, and recording of informal comments from parents. Analyze this information with the help of your HSAC.

- Evaluate the services of consultants and health service providers through parent feedback, assessment of compliance with contract/interagency agreements, and conferences to review the year's activities.

PART 2

HOW TO DO IT

SECTION I

PLANNING AND BUDGETING HEAD START HEALTH SERVICES

First Steps to Planning
Know Your Policies
Organize Your HSAC

Needs and Resource Assessment
Assess Your Needs
Assess Your Resources

Planning The Health Program
Model for Planning
Outline for a Head Start Health Plan

Budgeting The Health Program
What is a Budget?
Financial Management Requirements
The Budgeting Cycle
Developing the Health Services Budget
Example Health Services Budget Format
Budget Cost Categories
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SECTION I
PLANNING AND BUDGETING HEAD START HEALTH SERVICES

Planning is one of the most important of the management processes. A plan anticipates and prepares to meet the objectives of the Head Start program. It involves determining what must be done to ensure their achievement. Essentially it is a process of decision making, to evaluate the alternative courses of action that may be taken and select the action that is most feasible.

FIRST STEPS TO PLANNING

Know Your Policies

In order to plan an effective and efficient health program, it is first essential for the Health Coordinator and all other staff, consultants, and parents participating in the process to develop a working knowledge of the requirements with which each Head Start program must comply at various levels. These requirements come from various sources which may include but are not limited to those shown in Figure I-1.

ACTION STEP 1: REVIEW THE POLICY DOCUMENTS YOUR PROGRAM HAS and place them into a Policies Notebook, so that the information is easily accessible to staff. Your Community Representative/Program Specialist in the Regional Office of ACYF can help you get copies of anything you may be missing. Assign responsibility to one staff person for seeing that new requirements and updated copies of old requirements are gathered and inserted into the Notebook.

SOURCE	REQUIREMENTS	COMMENT
National	1. Head Start Performance Standards	1. Head Start programs must comply with or exceed these basic requirements for all components.
	2. Transmittal Notices and Instructional Notices from the national Head Start Bureau	2. Policy guidance and interpretations of Performance Standards for specific issues (e.g., use of particular screening procedures).
	3. Notices published in the Federal Register	3. Head Start programs must implement applicable published regulations.
	4. USDA and Child Care Feeding Regulations	4. Head Start Programs receiving USDA assistance must comply with USDA regulations.
Regional	1. Letters and Memos from regional ACYF officials	1. ACYF Regional Offices initiate requirements or provide guidance to Head Start Programs in their region via letters and memos.
State and/or Local	1. Pre-school licensing requirements for each state	1. Each Head Start Program is required to comply with State Licensing Requirements. It is essential to maintain updated copies of these regulations.
	2. Local and state health sanitation and safety standard requirements	2. In addition to compliance with the Head Start Performance Standards, the Head Start Program is required to comply with state and local codes.
Program	1. Individual Head Start Program policies and procedures as approved by the Policy Council; the organizational chart	1. All program staff should be knowledgeable about local program policies which may depend on type of agency, local needs, and staffing patterns.

FIGURE I-1. HEAD START REQUIREMENTS

Organize Your HSAC

The purpose of the Health Services Advisory Committee (HSAC) is to participate in planning, operation and evaluation of the health services program. The Committee thus serves as the coordinating body for the health services program.

The role and function of the local HSAC will vary somewhat from program to program. The HSAC's basic role is to assist the Head Start program in meeting Health Component objectives. The range of roles and functions of the Committee include:

- Assisting the Program in meeting the Head Start Performance Standards.
- Problem solving: problems will be identified either by staff members or professionals (e.g., problems with referrals).
- Assisting in planning the health program and developing policies and procedures.
- Evaluating the health plan and program.
- Supporting Head Start's positions and needs.
- Identifying health needs of the community and of the families the program serves.
- Assisting Head Start to identify all medical, dental, mental health and nutritional resources within the area and to make use of them.
- Assisting in development of health education programs.
- Reviewing health services procedures and forms.
- Assisting in staff and parent training.
- Advising in budgeting and legal matters and developing free or low cost health services.
- Acting as child health advocates.

This committee can serve to lighten the burden of the Health Coordinator, in all areas of the health component. The task, therefore, is one of coordination and of commitment to the philosophy that the Health Services Advisory Committee can be effective. The Head Start Performance Standards require that grantees organize an HSAC and suggest the kind of people who could be involved. The grantee usually delegates this responsibility to the program's Health Coordinator.*

Your program probably already has an organized HSAC, although it may not be active in the full role mandated under the Performance Standards. If your program does not currently have a functioning HSAC, here's how to get started:

ACTION STEP 1: IDENTIFY AND SELECT MEMBERS for the HSAC who represent a wide cross section of health professionals and a sufficient number of parents for adequate representation. Performance Standards require that Head Start staff, parents, and health providers be represented. It will be most effective if medical, dental nutrition, and mental health professionals are represented among the health provider members. You may also wish to have a representative from your local EPSDT program. Your Community Resource File (see below) can assist in identifying provider representatives.

ACTION STEP 2: ARRANGE FOR A FIRST MEETING and provide an orientation to committee members regarding their roles and the committee's purpose, the Head Start program, and the grantee's characteristics.

ACTION STEP 3: ELECT OR SELECT A CHAIRPERSON.

ACTION STEP 4: REFINE THE ROLE and function of the HSAC through discussion with members and in light of the program's changing needs.

ACTION STEP 5: FORMULATE A SET OF GUIDELINES or bylaws. This is the function of the entire committee.

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* The Center for Action - Based Learning Experience (CABLE), 301 South Elm Street, Suite 307, Greensboro, N.C. 27401, Telephone Number (919) 379-7812 published The Head Start Health Advisory Committee Handbook. It offers detailed, practical suggestions for the organization and operation of the HSAC.

ACTION STEP 6: MAINTAIN RECORDS (minutes of meetings, agenda of meetings of the committee or subcommittees) which reflect the committee activities.

A sample form for meeting agenda and minutes may be found in Appendix H. Use of a formal agenda and minutes (at HSAC or other meetings) will serve the following purposes:

- Provide understanding of purpose of meeting, and encourage effective use of time
- Provide needed documentation of what happened
- Record who has agreed to be responsible for what actions
- Facilitate follow-up
- Enable ongoing evaluation of progress

ACTION STEP 7: DEVELOP A SYSTEM for reporting HSAC activities and policy recommendations to the Policy Council. The Policy Council is a decision-making body at the grantee agency level. It is comprised of 51 percent parents and 49 percent community representatives; it reviews and must approve all component plans, conducts annual program self-assessments and oversees all program operations. A similar body at the delegate agency level is called a Policy Committee. Any Health Services Advisory Committee recommended policy must have approval of the Policy Council.

ACTION STEP 8: INVOLVE THE HSAC in approving the health plan, developing the health services and education program and evaluations of the Health Program, using periodic component monitoring and year-end Self Assessment.

NEEDS AND RESOURCE ASSESSMENT

In order to plan for the Health Services program it is important to identify needs of the community and families served by the program as well as the resources in the community which can help Head Start meet these needs.

Assess Your Needs

The needs to be identified include the general health-related needs of the community at large and the health needs and problems of the families specifically served by Head Start.

The identified needs will provide the basis to:

- Develop objectives for the Health Services Program on an annual basis (this information is used in objective-setting).
- Identify areas of concentration for health education for parents, staff, and children.
- Identify common problems and health risks facing the community which can be addressed by the health services team and coordinators of other Head Start components, and of which parents can be made aware (e.g. presence of lead-based paint in residences in the community).

Community Needs

Community needs can be identified by gathering information (data) about the community to get a general picture of what it is like, especially in identifying health risks and other factors which influence the health of the community. These factors include the physical environment; social, economic, and cultural conditions; community health services; transportation to health providers; and health problems occurring in the community.

Every Head Start grantee collects such data annually through a community needs assessment. You can use this assessment information in your planning process. It may also be helpful to collect similar information for your state or the county as a whole so you can get a better idea of where your community stands in relation to other areas. The local or state health department and the Health Services Advisory Committee can help you get health data and make these comparisons. This information can be put together into a "Community Health Profile". The Head Start Community Needs Assessment may give you enough information to use in your planning process. If it does not, or if your program would like to do a more extensive assessment of community health needs you may wish to develop the Community Health Profile referenced in detail in Appendix A of this manual.

Family Needs

In addition to community needs, you will need an overview of needs of children and families directly served by Head Start. This can be done even before all the enrolled children are screened and diagnosed, so that you will have some idea of what needs may be found and therefore arrange for the types of services that may be required. This also helps in budget planning and helps you line things up before the new program year begins.

You can get a rough outline of this information by asking the HSAC (if you are new) or reviewing Past HSAC minutes for major health problems and needs that have surfaced among Head Start families over the past few years. You can also review past health records for this information. For example, for nutrition, one also wants to check reports and plans for such things as WIC use, food stamps, and emergency food supplies. If these methods do not give you enough information for your planning process, or if your program would like to do more extensive planning, you may wish to develop the Family Health Status Profile described in Appendix A of this manual.

Assess Your Resources

A resource can be any community organization, agency, or individual who provides a health-related service within the community which meets a need of the Program, Head Start children, or families. These include health care providers, service organizations, and private practitioners. One of the main objectives of the Head Start health program is to link families to an ongoing source of health care. In order to reach this objective you need not only identify resources and tell families about them but also to teach families how to obtain and use services on their own.

In addition to providing health services to Head Start families, agencies and individuals identified as community resources may:

- Assist in the identification of community health-related needs.
- Provide technical assistance to the program in the resolution of problems.
- Assist in the planning and implementation of the Health Education Program.
- Identify potential members of the Health Services Advisory Committee.
- Assist with advocacy for the Head Start program.
- Become a source of in-kind services to the program, or financial support for health services.
- Furnish information in the search for component consultants.
- Refer children and families to Head Start.

Remember that a major resource within the program is the Health Services Advisory Committee. The Health Services Advisory Committee should assist in planning the Health Program and ensure full utilization of community resources.

Here's how to find out about the resources in your community:

ACTION STEP 1: REVIEW your program's current resource file.

This file should give you an idea of what community resources your program has used in the past. However, some of these resources may no longer be available, and new resources may have come to your community. Check them out. Also some of these resources may not have been satisfactory to families. If your program does not have a resource file, go on to Step 2. Some examples of community resources are listed in Appendix B of this manual.

ACTION STEP 2: REVIEW your Community Health Profile and Family Health Status Profile.

These profiles will help you pinpoint those particular health needs for which special resources may be required or for which resources were not easily available in the past. You will need to give particular attention to finding or developing resources to meet these special needs. Also, you will find that many community resources have already been identified during the process of compiling the Community Health Profile.

ACTION STEP 3: ADD TO THE RESOURCE FILE any new resources you found in compiling the Community Health Profile. To help you get started in establishing a community resource file or updating an existing one, refer to the worksheet example in Figure I-2. Include names of contact persons and referral procedures used by each resource.

ACTION STEP 4: CALL OR GO to local and state government offices, the local library, and the Health and Welfare Council to get up-to-date lists of local resources.

Many communities publish yearly directories of agencies either through the local government or the Health and Welfare Council. Local libraries also maintain such directories. Usually, individual providers will not be so listed. You can find them in the yellow pages of the telephone book, in professional directories in the public library or library of your local

A resource file provides staff and parents with easy access to all community resources. The file should contain a listing of all community organizations, agencies, and/or individuals, (health care providers, service organizations, private practitioners, etc.) which may be helpful in meeting the health needs of children, families, or the program.

The System

1. Use file cards or loose leaf paper.
2. Keep cards in a box (metal file box, shoe box, etc.) or loose leaf paper in a sturdy notebook.
3. Make a divider for each category, examples:

   Health care providers (physicians, dentists, clinics, etc.)

   Service organizations (organizations which provide transportation, donate glasses, provide nutrition assistance).
4. The file may be developed jointly with other component coordinators. Much of this information will already have been collected when you were compiling your Community Health Profile.
5. On each card write the name of the individual or agency, address and phone number, name of a key contact person in the agency and a brief description of services provided. See the example below. When using loose leaf paper, two providers could be described on one sheet.
6. This file can also be reproduced in booklet form as part of a community resource directory for parents.

Example

Individual or Agency: ____________________

Address: ____________________ Contact Person

____________________ ____________________

(Title)____________________

Phone: ____________________ ____________________

Services: ____________________

____

____

____

Fee Scale/Eligibility Requirements ____________________

☐ Accepts Medicaid, ☐ Provides In-Kind Services

Day/Hours ____________________

FIGURE I-2. WORKSHEET FOR DEVELOPING A COMMUNITY RESOURCE FILE

hospital, or sometimes from the professional association for the discipline of the provider (e.g., the local medical society, etc.). Your state medical assistance agency (usually part of the Department of Public Welfare or Health Department) may have a listing, by zip code, of providers who will accept Medical Assistance eligibles, including EPSDT providers.

ACTION STEP 5: DISCUSS THE UPDATED FILE with your Social Service Coordinator, other staff, Health Services Advisory Committee, and parents.

They will help you to review critically the list of resources you have so far. They may be able to tell you which resources are still available and about new ones. They will also help you think about the appropriateness of certain resources for the people you are serving. For example, you need to know more than which private physicians practice in the neighborhood served by Head Start. You need to know which ones will take new patients and Medicaid eligibles, what they specialize in, and whether their office hours are convenient for families.

ACTION STEP 6: CALL OR WRITE EACH RESOURCE as necessary to gather more information about services or to verify possible changes in the resource's operations (hours, fees, etc.).

ACTION STEP 7: CONTACT state or regional Head Start training and resource offices for help in locating special resources.

Head Start has a network of state and/or regional training and technical assistance contractors which can help you in finding or developing resources. Your Head Start director may have the telephone numbers or addresses of these agencies; if not, contact the regional office of the Administration for Children, Youth, and Families, Head Start Bureau (see Appendix D for the addresses). You will also find a listing of the regional offices of the national Head Start health training and technical assistance contractor in Appendix E.

ACTION STEP 8: INCLUDE THE ADDITIONAL INFORMATION you have gathered in your resource file. Update this file at least annually, going through the steps above.

PLANNING THE HEALTH PROGRAM

A Head Start health plan must describe the Head Start program's approach (grantee and/or delegate agency) to meeting the Health Services Performance Standards (medical, dental, mental health, and nutrition). Since each program will differ in its approach due to the specific local needs and resources, each program's health services plan differs but must reflect the philosophy, goals, and objectives of the Performance Standards.

Planning often requires the use of data from the past as the basis for projecting what will be done in the future. Your Community Health and Head Start Family Health Status Profile will help provide such a basis. Other tools, in addition to the Health Profile, which can help you in writing a health plan are:

- Objectives
- Policies (Performance Standards, Transmittal Notices, etc)
- Procedures (Self-Assessment information, list of providers, local referral procedures, etc.)
- Milestone Charts or Work Schedules.

OBJECTIVES are statements of a program's aims or what it proposes to achieve. POLICIES are a set of requirements designed to guide future actions and decisions. Head Start Performance Standards provide the basis for individual program policies which are enacted by the program Policy Council as recommended by the HSAC.

PROCEDURES outline the sequence of steps to be followed to carry out policies; a procedure manual is a management guide giving details about different aspects of the health plan.

MILESTONE CHARTS or work schedules plot out monthly, quarterly, and yearly tasks and activities, specify the person responsible for each task, and show the time frame for accomplishing the task. Sample milestone charts are provided in Part 1.

Model for Planning

The basic steps in the planning process are shown in Figure I-3. In addition to the planners mentioned in the figure, both the parents of currently enrolled children and people from the following professions and their official local, regional or state professional organizations may also be involved in planning the health program of the Head Start center:

- Pediatricians, general practitioners, and other physician members of the county and state medical societies
- Local, regional, and state health officers
- Child and general psychiatrists, psychologists, social workers and other mental health specialists
- Hospital administrators
- Dentists, dental hygienists
- Public health nurses and school nurses
- Optometrists
- Medical technologists
- Speech and hearing personnel
- Head Start Staff (non-voting members of Health Service Advisory Committee).
- Nutritionists, dietitians

Involving these individuals in planning will help ensure that the health program is tailored to meet the needs of the children and families

Setting Primary and Intermediate Goals

1. Primary goals or objectives are Head Start Program Objectives and are set by the Policy Council and Head Start Director.
2. Intermediate goals or objectives clarify primary goals and are set by component coordinators. They become component objectives.
3. Health Component goals or objectives are set by the Health Services Advisory Committee with input from Health, and/or Dental, Mental Health and Nutrition Coordinator(s) based on primary program goals.

Data Collection

1. Consists of compiling appropriate community information and Head Start Program data to provide a basis for projecting what will be done in the future.
2. This information forms the foundation for an effective, efficient, Health Services Program.

Implementation of the Plan

1. The plan is carried out by Health Services staff-Health and/or Dental, Mental Health and Nutrition Coordinator(s), Health Services Consultants, Health Services Advisory Committee, Health aides, cooks, etc.
2. Volunteers and health care providers help carry out the plan.

Evaluation

1. Evaluation or assessing the plan means to identify what was done, how well it is working and where changes need to be made.
2. Evaluation is an ongoing process which requires staff to assess the degree to which Health Services Objectives are achieved, the adequacy and appropriateness of the Health Services budget, the Health Education Program, the tasks and activities in Medical, Dental, Mental Health and Nutrition.

The Planners

1. Within the Health Services Component the planners are the Health and/or Dental, Mental Health and Nutrition Coordinators and Health Consultants.
2. It is their job to translate the data collected the Head Start Program goals and the Performance Standards into strategies which will achieve them.
3. The HSAC provides guidance to the planners and participates in plan development.
4. See text for other people you may wish to involve in the planning process.

FIGURE I-3. A MODEL FOR PLANNING

and that it utilizes fully the resources available in the community without duplication of services. Organizations and individuals who are involved in the early planning of a program are likely to cooperate fully in the implementation of the program. Those who are not involved early may be skeptical of the program, unaware of its objectives and less enthusiastic to cooperate.

Here is how to carry out the basic steps of the planning process.

ACTION STEP 1: **REVIEW THE HEAD START PERFORMANCE STANDARDS** for Health Services, updated Community Health Profile and Head Start Family Health Status Profile. This should be done before the end of each program year in preparation for the next (after you have updated the Health Profiles on the basis of the experience gained during the program year).

ACTION STEP 2: **IDENTIFY GAPS OR PROBLEMS** of the past program Health Plan. It is helpful to do this during an HSAC meeting as part of their year-end evaluation of the Health Component.

ACTION STEP 3: **DRAFT THE HEALTH SERVICES PROGRAM NARRATIVE** (as discussed in "Community Needs," Appendix A), objectives for the upcoming program year, project budget and the other sections of the Head Start Health Plan using the following outline. This may involve different health staff in writing specific plan sections independently as well as health staff meeting together to discuss and revise draft sections. Be careful that the plan is not just a restatement of the Performance Standards but actually spells out what you plan to do, and how, the time frame, and the persons responsible. Develop and/or update the local policies and procedures necessary to support the new plan.

ACTION STEP 4: **SUBMIT THE DRAFTED PLAN** to HSAC for review, comments, and/or revisions.

ACTION STEP 5: **REDRAFT THE PLAN** to incorporate HSAC input and have the HSAC receive it again to make sure their ideas were fully understood.

ACTION STEP 6: **PREPARE A FINAL DRAFT** Including Policy Council input before the beginning of the next program year and obtain approval.

Outline for a Head Start Health Plan

The outline for a health plan which follows is a sample method for initially drafting a comprehensive health plan. Of course, this outline will need to be adjusted to the particular needs and population of your program. Refer to Performance Standards, Transmittal Notices (especially TN 76.5), and other sections of this Manual for guidance in the various areas of the plan. This sample exceeds Performance Standard requirements and has been designed to provide a program with a detailed working document.

If further assistance is needed in developing the Health Services Plan or if you would like to have the plan reviewed, submit a copy to the Regional Office or the T/TA provider.

SAMPLE HEALTH PLAN OUTLINE

A. Program Narrative and Objectives.

1. In narrative form, briefly describe the health needs of your program based on the overall health needs of the families you serve and health needs of the community which were identified in your Community Health Profile and Head Start Health Status Profile.

2. State three or more objectives for the Health Services Program. These objectives should reflect the general objectives of health services in the Performance Standards.

HEALTH PLAN OUTLINE (Con't)

3. Describe the membership and selection process for the Health Services Advisory Committee:

   - List professionals represented
   - List parent representation.
   - List Head Start staff representation

   (See guidance in Performance Standards and LINC Book.)

4. Describe how the HSAC is involved with planning and evaluating health services for the program:

B. Health Services

1. Develop an objective for screening and examination procedures

2. Indicate how fees for medical, dental, nutrition, mental health, and handicapped services will be paid in a policy statement to be included in the plan. Be sure that Head Start dollars are used as a last resort.

3. Describe procedures for the following:

   - Getting advance parent or guardian authorization for all health services to be provided. What kind of forms will you use?
   - Obtaining medical, dental, developmental/psychosocial and dietary histories for each child, indicating the source of this information, the time of year that this will be accomplished and by whom, what form you will use.
   - Completing screenings, i.e., list screenings, who will perform them, how results will be obtained and recorded, how follow-up is implemented, what forms you will use.
   - Reviewing findings on all screenings, i.e., who will review or assess this information, how parents will be informed, if there are any abnormalities, what you will do next.

HEALTH PLAN OUTLINE (Con't)

- Determining the status of each child's immunization, i.e., how they will be updated if need be, how they will be completed, where they will be recorded, who will provide the immunizations.

4. Describe procedures for completing physical and dental examinations, i.e., when they will be completed, before or after enrollment; who will do them; whether parents will participate (if so why, if not why not); what forms you will use, how parents will be informed of results.

5. Describe procedures for identifying special needs of handicapped children, i.e., how you will identify these needs, who will be involved in the planning and implementation of the plan for these children.

6. Describe recordkeeping system, i.e., what forms are used, where the children's records are kept and by whom, how confidentiality is maintained, how parents will review the child's health record.

7. Spell out follow-up and treatment procedures on screening and examination results (physical, dental, mental health, nutrition).

8. Describe review of each child's entire health records upon completion of physical, dental and mental health screenings and examinations, follow-up and treatment, i.e., who will review or assess the records or findings upon completion of everything to insure that the total child has been evaluated.

9. Indicate referral procedure, i.e., who will be responsible for making them, based on what criteria?

10. State methods and timing for obtaining parental permission for:

    - Completion of screenings and examinations
    - Transportation of child for the above items
    - Medical emergencies
    - Transfer of records
    - How and when will these permissions be signed? Draft a form for each of these permissions.

11. Describe how and when staff physicals will be performed and who will pay for them.

12. State policies and provisions for health emergencies, safety and first aid, i.e., what procedures should be followed, who will be responsible for implementing this procedure, how will it be implemented at the individual center level, how will it be posted and where.

C. Mental Health

1. Describe the role of the mental health professonal to the program, i.e., is he/she a consultant, part-time, working how often; what, exactly, are his/her duties relating to:

   - Staff training
   - Observations
   - Consultation with staff
   - Parent Orientation
   - Consultation with parents
   - Assistance and advise in developmental screening
   - Diagnostic examinations
   - Assisting in planning the mental health program.

2. Describe how the mental health professional will be involved in staff training, observation of children and parent conferences.

3. Develop procedures for:

   - Developmental screening and assessment (review) process
   - Obtaining parental consent for screening, diagnosis and treatment
   - Referral and follow-up process

- Parents' review of mental health records
- Transfer of records.

4. Indicate how the program will utilize community mental health and related resources.

5. Outline how parents will be informed as to how they can secure assistance on individual problems.

6. What method will be used for integrating the following information:
   - Teacher observations
   - Component evaluations/recommendations
   - Consultant observations
   - Team recommendations.

7. How will help for children with atypical behavior be provided?
   - Who will identify these needs?
   - How will these children be periodically re-assessed?
   - What referral procedures will be implemented to involve community agencies?
   - What provisions will be made in the classroom?
   - What type of support help will be made available?

8. Describe how emotional or behavioral problems will be determined not to have a physical basis.

9. Indicate how you will ensure:
   - Crisis intervention
   - Prevention, early identification and early intervention in problems that interfere with a child's development

HEALTH PLAN OUTLINE (Con't)

- Wholesome mental health atmosphere for staff and children
- Positive attitude toward mental health services.

D. Nutrition

1. Outline how you obtain the following:
    - Nutrition assessment data (e.g. height and weight, hemoglobin or hematocrit, dietary intake) for each child
    - Information about family eating habits
    - Information about major community nutritional problems.
2. Indicate how the above information will be used.
3. Outline how the following can be accomplished:
    - Nutritional status of the children will be discussed with parents.
    - Information about menus and nutrition activities will be shared regularly with parents.
    - Parents are informed of the benefits of food assistance programs.
    - Community agencies are enlisted to assist eligible families participate in food assistance programs.
4. Indicate the schedule for meals and plans for menu development to meet CCFP regulations and the nutritional needs of the children.
5. What menu cycle will be used
6. Indicate how you will ensure that the program supports and develops good food habits.
7. Describe how the program complies with local, state and federal sanitation codes.

HEALTH PLAN OUTLINE (Con't)

8. What is the system for maintaining nutrition service records regarding:

   - Food inventory
   - Nutrition services budget
   - Expenditures for food and non-food items
   - Planned and actual menus utilized
   - Number and types of meals served daily
   - Inspection reports
   - Receipts
   - Contracts with meal providers or vendors
   - Number of adults served daily
   - Food Service Personnel statements of health

9. Staff Training

   - Nutrition or food services topics covered
   - Length of training sessions
   - Who provides training

E. Health Education - physical, dental, mental health, nutrition

1. Outline objectives for the health education program for children, parents and staff as described in the Health Education Section of this manual.

2. Describe the health education program with regard to training for staff, parent health education and integration of health activities into the classroom.

F. Health Services Budget

Describe how, when and by whom the budget will be prepared.

HEALTH PLAN OUTLINE (Con't)

G. Evaluation of the Health Services Plan

Identify the methods you will use in assessing the Health Component and measuring achievement of objectives of the Health Services Program:

- How you will perform annual self-assessment, using the Head Start Self-Assessment Validation Instrument
- How you will assess providers and consultants
- How you will assess parent satisfaction and health outcomes
- How you will prepare for a program review
- How you use evaluation results in assessing T/TA needs and revising the health plan

H. Milestone Chart (optional)

Develop a chart for your own program using something like the Calendar of Activities format in Part 1 of this Manual.

BUDGETING THE HEALTH PROGRAM

What is a Budget?

In the most literal sense, a budget is a document containing words and figures, which proposes expenditures for certain items and purposes. The words describe items of expenditure (i.e., salaries, equipment, travel) or purposes (improving mental health, nutrition, etc.); figures are attached to each item or purpose. A budget, therefore, may be characterized as a series of goals with price tags attached. Since funds are limited and have to be divided in one way or another, the budget becomes a mechanism for making choices among alternative expenditures.

Budgeting is the process by which management decides how the organization's resources will be used during a specific time period, and predicts the results of those decisions (i.e., number of medical examinations received, number of health education classes scheduled, etc.). The operating and financial plan, or budget, shows what resources the Head Start program has decided to use, where it plans to get them (i.e., local in-kind contributions, Medicaid, etc.), where and how it plans to use them, and what it expects to accomplish during the coming year. Many of the decisions embodied in the budget can still be changed as the year goes on and more information is available, but inclusion in the budget is the next thing to a firm commitment. The approved budget serves two main purposes. First, it acts as a reminder of what has been decided. Second, it serves as a benchmark with which future performance can be compared.

Financial Management Requirements

The responsibility for health budgeting may not be delegated to the Health Coordinator (although there may be exceptions in some programs) nor have programs been mandated to establish health component budgets. However, grantees have certain financial management needs that can be aided by input from the Health Coordinator. For this reason, a knowledge of the financial management requirements under which the grantee must operate may help the Health Coordinator to provide assistance in planning and budgeting. What follows is a description of the administrative requirements that relate to budgeting at the grantee level.

The administrative Self-Assessment/Validation Instrument (administrative SAVI) which is designed to complement the existing Performance Standards SAVI, reflects the regulatory requirement that each grantee have a financial management system that (a) insures budget management, (b) maintains control over current operations,

(c) provides accurate, current and complete disclosure of financial matters and (d) includes at least the following:

Requirement 5:

A. Records that provide for current, accurate and complete disclosure of financial results.

B. Records adequate to identify the source and use of funds.

C. An effective system of control and accountability for funds and property.

D. A system to make comparisons between actual and budgeted amounts.

E. Procedures to minimize the time elapsing between receipt and expenditure of funds and for determining the allowability of costs.

F. Accounting records that are supported by source documentation.

According to the Head Start Performance Standards (1304 3-4(a) (1)) there must be written documentation to show that non-Head Start funding sources are being utilized to the maximum extent feasible and that Head Start funds are used only when no other source of funding is available. A health component budget can be a way to supply the needed documentation.

The Health Coordinator should become familiar with the makeup and operation of the grantee financial management system so that he or she can assist the Head Start Director satisfy the health data collection requirements when requested. While the details of a Head Start program financial management system may vary from one location to another, it is important that the budget accurately reflect the needs and priorities of the health component. The Health Coordinator is the best person to provide the needed health information and should understand what health inputs will be needed, and know the deadlines for their submission.

The Budgeting Cycle

An effort should be made to coordinate the preparation of the yearly health plan with the budget since these two documents are closely related and must be consistent. An awareness of the following annual events and activities can give you a better idea of how the annual health plan and budget relate to the grant application process and budgeting at the Head Start Director's level. (Note: In some programs, someone other than the Head Start Director, i.e., grants or fiscal officer, prepares the Grant Application Package and assumes budgetary responsibilities. In addition, the Grant Application Package does not have a line item which addresses health expenses.)

- Phase One: Beginning of the Refunding Cycle - This phase can begin anywhere from 200-300 days before the start of the new program year. This phase is initiated when the Head Start Program Specialist (formerly Community Representative) sends the "Letter of Funding Guidance" notifying the grantee of the date for the In-depth Validation. The Letter may also include dates for grantee submission of the completed SAVI instrument, the administrative SAVI, the Budget, and Grantee Improvement Plans (when required). Information such as the number of children the program is scheduled to serve and the level of funding is included in this letter. (The start of the program year varies among programs and in many instances the program year is not consistent with the school year.)

- Phase Two: Annual Self Assessment - After receiving the guidance letter, each grantee assesses the current year program according to the Performance Standards. This detailed evaluation of the basic program objectives is the first step in the planning process. Based on the results of the self assessment, the grantee prepares drafts of (1) the program narrative which accompanies the funding application, (2) the budget and (3) a plan to correct compliance deficiencies revealed by self assessment as well as any plans for improving the quality of program service.

- Phase Three: Letter of Understanding - Following a review of the self assessment by the Program Specialist (or following an in-depth validation, if one is scheduled), the Program Specialist sends the grantee a "Letter of Understanding" which formally verifies the findings expressed during the validation. At this time the program addresses additional deficiencies uncovered as a result of the program validation.

- Phase Four: Annual Planning - The program continues planning for the new year and has plans approved by the required groups and agencies. During this planning stage, specific information will be generated (e.g., the estimated cost of contractual agreements with health providers) that can be included in the health budget. A health budget which is drawn up and approved early enough can provide valuable information to the Head Start Director and assist in completing the Grant Application Package.

- Phase Five: Submission of Proposal for Refunding - Each grantee must submit the final Grant Application Package approximately 90-100 days prior to the end of the program year.

While most programs follow a similar process for completing the Grant Application Package, there are differences in the way that grantees structure and organize the work needed to complete the package.

Developing the Health Services Budget

The Head Start Director will decide who will be involved in the budget preparation process and what their respective responsibilities will be. Before preparing a budget, a budget calendar should be established, showing deadlines that must be met in order for the total budget to be completed and approved on time.

The process of developing a health service budget is further summarized in the following action steps:

ACTION STEP 1: EVALUATE THE HEALTH COMPONENT.

- Review the basic strengths and weaknesses in current program operation. Examine results of the SAVI and IDV.
- Document areas of non-compliance when appropriate.
- Determine if additional resources are needed to correct any program deficiencies or if changes in program content are needed.

ACTION STEP 2: ASSESS PROGRAM NEEDS

- Review Performance Standards to determine what health services are required.
- Evaluate the program's need for health services, as well as health materials and supplies.
- Review Health Data Tracking Instrument from past years and record trends for specific treatment needs.
- Examine the PIR from past years in order to estimate the percentage of children receiving medical or dental exams who have required treatment services.
- Meet with the HSAC and discuss the special needs of children currently enrolled, as well as potential enrollees (i.e., number of children with handicapping conditions).
- Examine the current mix of children enrolled (e.g. percentage of Medicaid eligibles) and try to determine whether this population mix will remain constant for the coming year.

ACTION STEP 3: SET GOALS FOR THE COMING YEAR

- Review the recent Annual Health Plan.
- Determine if new program options will be added or deleted.
- Then set goals for the coming year, perhaps to accomplish specified PIR results, as well as to meet the objectives stated in the Annual Health Plan.

ACTION STEP 4: EVALUATE PRESENT AND POTENTIAL PROVIDERS

- Examine the current interagency agreements and determine whether they should be continued as is, revised, or discontinued.
- Review the performance of present providers in terms of reasonable prices and their ability to deliver services in a timely manner.
- Seek assistance from the HSAC in locating potential providers and in determining the "fair" price for specific health services.

- Evaluate potential providers in terms of accessibility, price, patient satisfaction, and reliability.

- Establish formal or informal contractual agreements for providing specific health services.

ACTION STEP 5: FILL IN THE BUDGET COST CATEGORIES

- Review the budget cost categories (in Figure I-4 and the following pages) and determine which categories your expected expenditures fall under.

- Consult with the HSAC and individual providers to obtain cost estimates for each budget category.

- Document the resources that are available to the program and specify how each expenditure is expected to be funded. Keep in mind that Head Start dollars should be used only when no other source of funding is available.

- Develop rationale to support your budget request.

ACTION STEP 6: SUBMIT HEALTH COMPONENT BUDGET FOR REVIEW

- Document all needs for supplemental funding, when available.

- Meet with the Head Start Director and other personnel to review the contents and rationale behind the Health Component budget.

Example Health Services Budget Format

The health budget format of Figure I-4 can be used as a worksheet to record the dollar amounts that the program anticipates spending on each applicable budget category and to detail what resources are available to cover each budget item. A similar sheet should be drawn up at the end of the year to show the amount of money actually spent in each category. A comparison of "anticipated" costs with "actual" costs will enable you to determine the variables that can effect the budgeting and planning process. If there is a large difference between the anticipated and the actual costs,

BUDGET CATEGORY	1. TOTAL ANTICIPATED COSTS	SOURCES OF FUNDING/RESOURCES					
		2. USDA CHILD FOOD AND NUTRITION PROGRAM REIMBURSEMENTS	3. MEDICAID/* EPSDT, CHDP, MEDICHECK, ETC.	4. STATE/ LOCAL	DHHS/ACYF FUNDS - HEAD START GRANTS		
					5. GENERAL FUNDS	6. HANDICAPPED FUNDS	7. SUPPLEMENTAL OR SPECIAL PURPOSE FUNDING
Indirect Health Services							
a. TRAVEL							
b. EQUIPMENT							
c. SUPPLIES							
d. TRAINING SERVICES AND ACTIVITIES							
e. HEALTH EDUCATION MATERIALS							
f. LOCAL CONFERENCE COSTS							
g. FOOD SERVICE COSTS							
h. TRANSPORTATION TO HEALTH PROVIDERS							
Direct Health Services							
a. SCREENING TESTS							
b. LAB WORK							
c. MEDICAL EXAMINATIONS							
d. DENTAL EXAMINATIONS							
e. MEDICAL TREATMENT							
f. DENTAL PROPHYLAXIS							
g. DENTAL TREATMENT							
h. IMMUNIZATIONS							
i. MENTAL HEALTH SCREENING/ASSESSMENTS							
j. MENTAL HEALTH THERAPY AND COUNSELING							
k. MENTAL HEALTH CONSULTATION							
l. NUTRITION CONSULTATION							
m. HANDICAP DIAGNOSTIC AND TREATMENT SERVICES							
n. OTHER HEALTH SERVICES							
TOTAL							

*Note: Medicaid is not a direct funding source since reimbursements are made directly from Medicaid to providers. In budget planning, this column may be considered in the same way as in-kind contributions as covering a cost which would otherwise have to be borne directly by Head Start. It will also remind you to prepare for budget allocation changes as the percentage of Medicaid-eligible children changes.

FIGURE I-4. SAMPLE HEALTH COMPONENT BUDGET FORMAT

you should try to determine the reasons (i.e., more children enrolled than expected, you received less in-kind contributions than expected, etc.). Although it is impossible to have perfect information on next year's activities to incorporate into a budget, an exercise of this type will point out cost variables that perhaps you had never considered.

Budget Cost Categories

The following cost categories may prove useful in estimating health services expenditures. Categories should be added or deleted to make this listing appropriate for individual Head Start programs. Certain categories such as personnel salaries and employee benefits have been omited because these categories are often accounted for in a separate grantee budget rather than a Health Component budget.

Cost Category	Description
Travel	Cost of travel for Head Start Health Services staff including per diem allowance.
Equipment	Cost of food service equipment (some reimbursable by USDA) and other health-related equipment. Includes the purchase and rental of such equipment.
Supplies	Cost of health supplies. Includes costs of first aid supplies for Head Start centers and buses, dental supplies (brushes, toothpaste, floss, etc.) height/weight charts, vision screening materials, etc.
Training Services and Activities	Cost of contracts with consultants/ organizations to conduct specific training and staff/parent development programs. Includes mental health training for staff and parents.

Cost Category	Description
Health Education Materials	Cost of health education materials for Health Coordinators, Mental Health Coordinators, Nutrition Coordinators, staff, children and parents. Includes the purchase and rental of publications, materials, visual aids, first aid classes, etc.
Local Conference Costs	All fees directly related to staff meetings, Health Services Advisory Committee meetings, parent conferences. Includes costs for space rental, materials, refreshments, etc.
Food Service Costs	Cost of all contracts with individuals or organizations to provide food services. Includes cost of food, supplies, utensils, labor, equipment, administration, and transportation.
Transportation to Health Providers	Cost of all local transportation needs, including vehicle lease and maintenance costs.
Screenings: Screening Tests (other than medical examination, see below)	All costs associated with hearing, speech, sickle cell, developmental or lead screening. Includes tuberculin testing as well as any additional screenings that are recommended by the Health Services Advisory Committee.
Lab Work	Cost of hemoglobin or hematocrit determination. Includes the cost of other lab services required by the program.
Medical Examinations	Cost of an undressed physical examination/assessment and blood pressure.
Dental Examinations	Cost of a diagnostic oral examination.

Cost Category	Description
Medical Treatment	Cost of all services provided by health professionals to correct or limit the disease or abnormality detected by screening and confirmed by diagnosis.
Dental Prophylaxis and Preventive Services	Cost of fluoride supplementation and/or cleaning. Includes the cost of other preventive services specified by the dental professional.
Dental Treatment	Cost of restoration, pulp therapy and/or extraction. Includes cost of other restorative services which are deemed appropriate by the dental professional.
Immunizations	Cost of all required doses for DPT, Polio, Measles, Rubella and Mumps.
Mental Health Screenings/ Assessments	Cost of professional consultation time and cost of developmental screening instruments and/or supplies.
Mental Health Therapy and Counseling	Cost of therapy or treatment for children as well as counseling for parents.
Mental Health Consultation	Cost of consultation to ensure mental health services consistent with Head Start Performance Standards.
Nutrition Consultation	Cost of consultation to ensure nutrition services consistent with the Head Start Performance Standards. Several of these costs are reimbursable by U.S.D.A.
Handicap Diagnostic and Treatment Services*	Cost of contracts with individuals or organizations to perform diagnostic and/or treatment services for children with handicapping conditions.

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* This item may be accounted for in a separate Handicap Budget or other component budget.

Funding and other Resources Available to Head Start Programs

Head Start Grants

The principal sources of program funding are the Head Start grants. Five kinds of funding are provided in the non-competitive grant award process:

- Training and technical assistance funds under Program Account 20
- Part-day program funds under Program Account 22
- Full-day program funds under Program Account 23
- Handicapped program funds under Program Account 26
- Supplemental or special purpose funding.

Program Account (PA) 22, 23 and 26 funds are the large income sources. Not all grantees receive PA 20 funds directly. Special or supplemental funding occurs for (1) authorization to spend carry over balances (COB); (2) cost of living increases on grant awards; (3) funds for special purposes such as vehicles, repairs and renovation, additional health services, etc. Each of these funds requires a separate application and a grantee may process on the average four or more applications in a program year.

ACTION STEP 1: ASSEMBLE INFORMATION ON HEALTH SERVICES NEEDS AND FUNDING REQUIREMENTS for inclusion into the grant application packages. After considering the other resources (i.e., USDA, MEDICAID/EPSDT, in-kind contributions, etc.), forecast the amount of Head Start grant money that will be necessary in order to operate the Health Component.

In some instances a program will not spend all of its grant funds prior to the end of the program year. This will create a carryover balance (COB) for the next budget period. These carryover balances may be recognized as a source of program revenue at the discretion of ACYF.

ACTION STEP 2: SEEK GUIDANCE ON THE TREATMENT OF CARRYOVER BALANCES in your region. Determine what policy governs the expenditure of COBs.

The five different types of Head Start grants are not awarded on the same time cycle in some regions. This means that grantees often have to fill out more than one grant application and engage in more than one planning cycle.

ACTION STEP 3: DETERMINE WHEN MONIES FROM HEAD START GRANTS ARE EXPECTED TO BE RECEIVED. Identify these timing needs so that budget preparation can be appropriately scheduled.

ACTION STEP 4: MAKE YOUR COMMUNITY REPRESENTATIVE AWARE OF YOUR NEEDS for supplemental funding that can be used for special projects such as renovation of a new center, purchase of vehicles, additional health services, etc.

Occasionally the Regional Office will develop some discretionary funds which can be given to grantees to fund special projects.

Existing Community Resources

The Health Coordinator must determine which parts of the health program (health education and medical, dental, mental health, and nutrition services) can be performed or paid for by existing health and welfare resources in the community. The Health Coordinator should be aware of the guidelines and eligibility requirements for all medical assistance programs and, where possible, anticipate changes in public sources of funding. Grantees are required to show that at least 20 percent of their funding comes from local sources (i.e., in-kind contributions, donated goods or materials, volunteer labor, etc.). The utilization of community resources should be consistent with accepted standards of medical and dental practice, and Head Start policy.

ACTION STEP 5: IDENTIFY THOSE RESOURCES IN YOUR COMMUNITY WHICH MAY PROVIDE SERVICES IN-KIND OR AT A REDUCED RATE. Document the dollar value of these non-federal resources and apportion them to specific budget categories.

The Head Start health program should coordinate and supplement existing community resources for improving the health care of children; it should not duplicate services. Some examples of community resources are listed in Appendix B of this manual.

EPSDT

Recent data have shown that nearly 46 percent of all Head Start children are enrolled in the Medicaid/Early and Periodic Screening, Diagnosis and Treatment program (EPSDT), which pays for their medical and dental services a free service to them and to Head Start! Some public programs may provide funds for medical and dental services, but at a fee schedule so low that fees are unacceptable to many physicians and dentists. EPSDT services must be utilized by Head Start programs where available, since the Head Start dollar is the last dollar to be used and must not cover services which the Medical Assistance Program will reimburse under EPSDT. For more information on EPSDT services, refer to Section II and to the references listed in the bibliography.

ACTION STEP 6: ESTIMATE THE NUMBER OF CHILDREN in next year's projected enrollment who will meet the eligibility requirements for the Medicaid/EPSDT program as well as other health reimbursement programs.

Medicaid/EPSDT may be known in your state by another name such as the Child Health Disability Prevention Program (CHDP) or MEDICHECK. Some programs may not pay for some of the screening tests required by the Performance Standards. Such requirements must be known before a health budget can be completed.

The Child Care Food Program (CCFP)

All Head Start programs are expected to participate in either the CCFP or the National School Lunch Program. The U. S. Department of Agriculture (USDA) Child Care Food Program (CCFP) is a major source of funding and should be recognized in the formal plan for resource expenditures during the year. Careful documentation of all food and related food service cost is necessary in order to adhere to USDA funding guidelines. In 1978-79, the programs participating in CCFP reported that approximately 60 percent of their food and food services costs were covered by USDA.

ACTION STEP 7: ESTIMATE THE AMOUNT OF EXPECTED USDA REVENUE by meeting with the program person who is able to make reasonable projections on the number of meals to be served and the weighed average reimbursement rate effective during the coming year; such a projection can probably be made without significant error. The Food Service Director, Nutritionist and Head Start Director may be valuable resource persons in estimating USDA revenues. When problems and issues with USDA revenues arise, the USDA state or regional office should be contacted. Be sure to project all food service equipment assistance needs. Check with USDA for application deadline dates and current guidelines.

ACTION STEP 8: RECOGNIZE ALL RESOURCE INPUTS when preparing the annual financial plan.

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- NOW TURN BACK TO PART 1, PAGE 14 FOR A SUMMARY OF THE ACTION STEPS FOR PLANNING AND BUDGETING.
- THE APPENDICES RELATED TO THIS SECTION ARE APPENDICES A AND B.
- IF YOU ARE DEVELOPING A HEALTH COMPONENT WORKBOOK, YOU MAY WISH TO INCLUDE:
    - YOUR PROGRAM'S POLICIES AND PROCEDURES
    - HSAC BYLAWS
    - COMMUNITY HEALTH PROFILE
    - FAMILY HEALTH STATUS PROFILE

- ANNUAL MILESTONE CHART
- HEALTH COMPONENT PLAN
- HEALTH COMPONENT BUDGET

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SECTION II

GETTING READY TO CARRY OUT THE HEALTH PLAN

Staffing
Health Coordinators and Other Health Staff
Consultants
In-service Training
Orientation

Getting The Materials You Need

Negotiation and Advocacy
Negotiation
Advocacy
Case Studies

Interagency Agreements And Contracts
Agreements
Contracts
Contract Preparation and Processing
Avoiding Problems in Contracting

Administrative Reports

Arranging Screening and Examination Resources

SECTION II

GETTING READY TO CARRY OUT THE HEALTH PLAN

Detailed suggestions on carrying out (or "implementing") the health plan can be found in Sections III through VII. These sections include thoughts on implementing the plan to provide a safe environment, services to individual children, children with special needs, as well as approaches to recordkeeping and health education. Evaluation is discussed in Section VIII. Before beginning to implement the health plan however, a certain amount of preparation is required. This section will discuss the preparatory activities involved in:

- Staffing (including in-service training)
- Getting the materials you need
- Negotiation and advocacy
- Interagency agreements and contract
- Administrative reports.
- Arranging screening resources

STAFFING

Health Coordinators and Other Health Staff

While staffing levels, recruitment and hiring, and other personnel functions relating to all components of a Head Start program, including health services, are the responsibility of the Head Start Program Director, it is important to the Health Coordinator that everyone involved with the Health Services Component has a clear understanding of their responsibilities to the program and to each other.

Definition of the roles and responsibilities of Head Start health workers is complicated by the fact that so many functions are interrelated and a variety of coordinators and consultants may be active in different areas. The role of a Health Coordinator is to ensure that information and resources are shared among the health staff and that all health services are completed in a high-quality and timely fashion. The job description in Appendix C provides a comprehensive view of the Health Coordinator's position.

However, there are varieties of staffing patterns and titles in Head Start programs. While some programs assign to one person the entire responsibility for the health component, others have various coordinators who fulfill the functions in the job description. Duties and responsibilities which may be assigned to Mental Health and Nutrition Coordinators are suggested in Appendix C. Accurate, realistic, job descriptions must be provided for all health-related staff personnel. Coordinators and contracted consultants also need a clear understanding of duties, roles, and functions with respect to Head Start.

Many different staffing patterns are used for Head Start programs, depending on their resources, program size, the needs of the families served, geographic considerations, and the availability of persons with various qualifications and training. Figure II-1 illustrates some of the patterns used.

Consultants

It is often necessary to use health consultants (medical, dental, mental health, nutrition) in order to complete all the tasks in the health program. The consultant may assist the program in a broad range of activities.

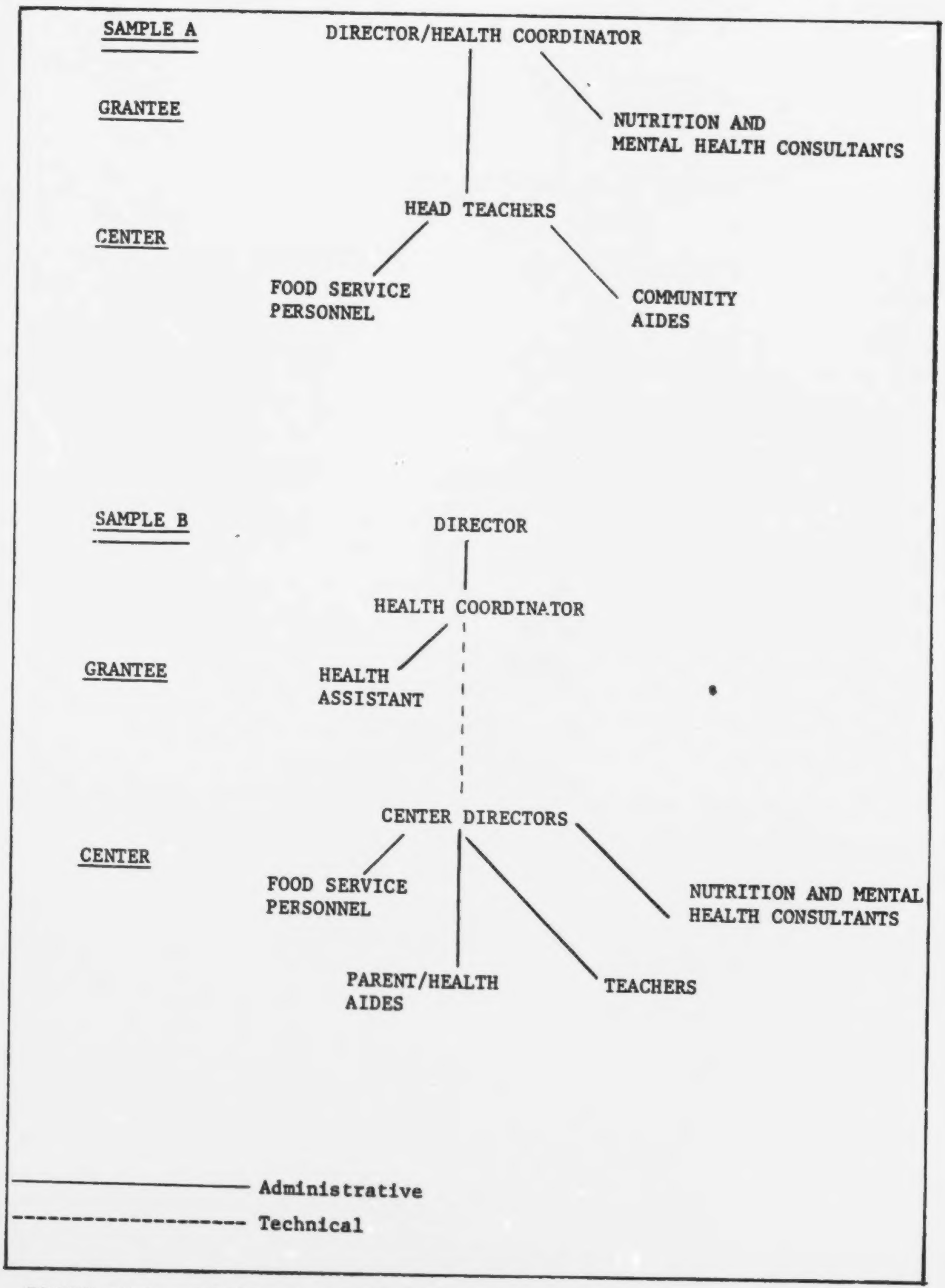
SAMPLE A
DIRECTOR/HEALTH COORDINATOR
GRANTEE
NUTRITION AND MENTAL HEALTH CONSULTANTS
HEAD TEACHERS
CENTER
FOOD SERVICE PERSONNEL
COMMUNITY AIDES
SAMPLE B
DIRECTOR
HEALTH COORDINATOR
GRANTEE
HEALTH ASSISTANT
CENTER DIRECTORS
CENTER
FOOD SERVICE PERSONNEL
NUTRITION AND MENTAL HEALTH CONSULTANTS
PARENT/HEALTH AIDES
TEACHERS
Administrative
Technical

FIGURE II-1. SAMPLE HEAD START HEALTH COMPONENT STAFFING PATTERNS (Sheet 1)

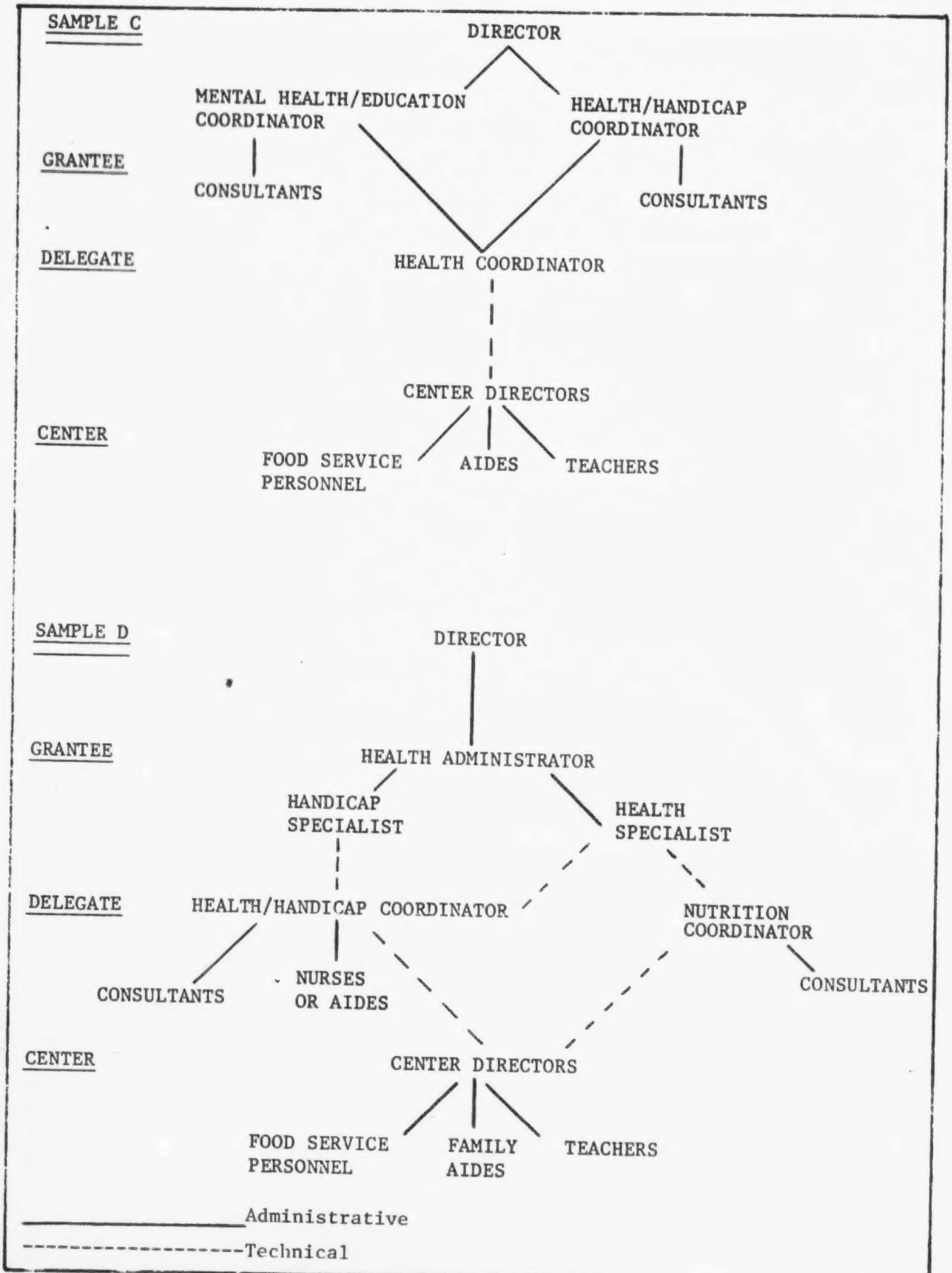
SAMPLE C
DIRECTOR
MENTAL HEALTH/EDUCATION COORDINATOR
HEALTH/HANDICAP COORDINATOR
GRANTEE
CONSULTANTS
CONSULTANTS
DELEGATE
HEALTH COORDINATOR
CENTER DIRECTORS
CENTER
FOOD SERVICE PERSONNEL
AIDES
TEACHERS
SAMPLE D
DIRECTOR
GRANTEE
HEALTH ADMINISTRATOR
HANDICAP SPECIALIST
HEALTH SPECIALIST
DELEGATE
HEALTH/HANDICAP COORDINATOR
NUTRITION COORDINATOR
CONSULTANTS
NURSES OR AIDES
CONSULTANTS
CENTER
CENTER DIRECTORS
FOOD SERVICE PERSONNEL
FAMILY AIDES
TEACHERS
Administrative
Technical

FIGURE II-1. SAMPLE HEAD START HEALTH COMPONENT STAFFING PATTERNS (Sheet 2)

What are the differences between a staff coordinator, a consultant, and a provider?

- Coordinator -- An individual who may be a paraprofessional or professionally trained, hired on a full- or part-time basis by the Head Start program to take full or partial responsibility for planning and management of the Health Component or some other areas.
- Consultant -- A trained professional contracted by the Head Start program to assist in a particular area of the Health Component. Consultants are available at the local, state, regional and national levels to provide different kinds of help to Head Start programs. Local program consultants are community professionals who have a contract or agreement directly with a Head Start program to perform such functions as assisting in plan development, working with parents, advising staff, observing individual children, and helping design individualized plans for them. Consultants at other levels do not have a direct relationship with local programs, but are federally funded to provide specialized training and technical assistance, help in establishing new health administrative systems or mechanisms, etc.
- Health Care Provider -- An individual health professional or health facility which provides direct health services such as screening examinations, diagnostic evaluations, and treatment.

Here are some suggestions on how to identify and use health consultants:

ACTION STEP 1: REVIEW THE HEAD START PERFORMANCE STANDARDS, self-assessment and other evaluation reports to help you think about what special help from a consultant might benefit your health program.

ACTION STEP 2: DISCUSS POSSIBLE NEEDS with other staff and your HSAC and perhaps with past consultants, your regional training network, or your Community Representative/Program Specialist. Make a list of the possible areas of need for or interest in consultation.

You will find that some needs are ongoing and may best be fulfilled by a local provider or other specialist (local program consultant). These may include a need for an expert to observe children for possible mental health referrals, to participate in case conferences on children, to assist staff in working with certain children, or to train staff to perform nutrition assessments. You will find that other needs are periodic and may best be fulfilled by a state, regional, or national consultant who is familiar with compliance requirements and the state of the art in special fields. These may include a need for help in reworking your health plan, designing your health education curriculum, identifying providers, or helping you organize the HSAC more effectively.

ACTION STEP 3: REVIEW THE RESOURCE FILE for help in identifying consultants. Contact appropriate professional organizations for references of local consultants; contact your state, regional, and national consultant networks to find out about their resources and to get referrals for local program consultants as well.

Many publicly funded agencies like community mental health centers are required to provide consultation to the community, or are required to offer free or reduced-cost service to populations like Head Start. Such agencies, which employ a variety of clinical specialists, may provide the local program consultants you need. Also remember that the Head Start consultant network at the state, regional and national levels may be aware of local providers and consultants to meet your needs, in addition to providing other kinds of training and technical assistance themselves. The addresses of some of the regional and national networks are listed in Appendix E.

ACTION STEP 4: For local program consultants, REQUEST A RESUME FROM ALL POTENTIAL CONSULTANTS, interview them, and arrange for an agreement or contract with those selected.

During an interview with a potential consultant, discuss the services to be provided, the fees, the possibility of in-kind services, Head Start Performance Standards, the period of time that the consultant will serve, and any expected products or outcomes from the consultation. Check for potential conflict of interest. Prepare an agreement form and have a signed one in effect with each paid consultant; the agreement should be as clear and specific as possible.

ACTION STEP 5: For consultants at other levels, SUBMIT A REQUEST FOR TRAINING AND TECHNICAL ASSISTANCE to the Regional Office or the State-wide T/TA provider.

T/TA providers can provide assistance in many different areas. For example, State-wide T/TA provides assistance in the medical, mental health and nutrition areas; the Resource Access Projects assist in the handicaps area; and other regional networks have responsibility for assistance in administration, social services, etc. The addresses of the ACYF Regional offices are listed in Appendix D and Regional dental consultants in Appendix E. If you do not know which networks to use, or do not have their addresses, contact your Community Representative/Program Analyst in the regional office. Make the request as specific as possible, including topics for assistance, number and types of staff to be involved, preferred format, and preferred times for training or consultant visit.

ACTION STEP 6: EVALUATE THE SERVICES provided by consultants at the end of the contract period or after the one-time consultation session.

If the consulting services have been unsatisfactory, seek a new consultant for the next program year or discuss deficiencies with the consultant and make a plan for correction. Refer to the Evaluation Section (Section VII) of this manual for specific suggestions on evaluating consultants.

In-service Training

Responsibility for coordinating in-service training for health staff usually rests with the Health Coordinator. This training may be conducted by program staff, local consultants, health care providers, or State-wide training and technical assistance providers. It may take the form of orientation for new staff, safety and first aid training, how to perform developmental screening, how to manage food services, etc. Previous evaluation of the health service program will uncover areas where performance should be improved and training is needed. Here are some suggestions for planning in-service training:

ACTION STEP 1: IDENTIFY THE SKILL AREAS with which staff must be familiar and which are of concern and interest to them by reviewing Performance Standards and last year's health plan, and talking to experienced health staff. Then make a list of the related training needs and think about types of professionals who can provide training to meet the needs. Do this before the beginning of the program year.

ACTION STEP 2: CHECK YOUR COMMUNITY RESOURCE FILE for the names of professionals appropriate to give needed training. Community health professionals (medical, dental, mental health, nutrition) are often willing to provide staff with in-service training at no cost. Request appropriate professionals to provide this training.

ACTION STEP 3: If you cannot find appropriate trainers in your community, or are not sure what type of professional would be the best to fit your needs, ASK YOUR HSAC FOR ADVICE or contact your State-wide T/TA provider or Regional office.

ACTION STEP 4: CLEAR THE PROSPECTIVE TRAINEES' PARTICIPATION with their supervisors and the Head Start Director, and arrange for appropriate coverage for their duties during the period they will be absent from the job at training sessions; or, schedule training for times when trainees are not normally in the classroom or on the job.

ACTION STEP 5: When trainers have been selected, CONTACT THEM AND DESCRIBE THE TRAINING NEEDS SPECIFICALLY. Inform the professionals about:

- Content and objectives of the training sessions
- Number of participants
- Background of participants
- Previous in-service training related to the subject
- Dates and time available for training
- In-service activities desired (group discussion, role play, etc.).
- Fees/reimbursement

ACTION STEP 6: MAKE FINAL PREPARATIONS FOR TRAINING.

- Select an appropriate location for training with room for all the prospective trainees.
- Arrange the necessary equipment to be in place (blackboard, film projector, etc.).

ACTION STEP 7: CONDUCT TRAINING.

ACTION STEP 8: FOLLOW THE TRAINING with on-the-job application of the ideas and skills learned.

ACTION STEP 9: DOCUMENT TRAINING in employee personnel folders (mandatory under USDA requirements for the food service personnel).

Orientation

A particular form of in-service training is orientation for new health staff, new health consultants, and other Head Start staff. Orientation for these people is essential in order that they will understand the goals and philosophy of Head Start and their role in the Head Start program. If at all possible, the orientation should take place before the beginning of each new program year and should bring as many of the new people together as practical. Some useful tools are suggested below.

Introductions

Introduce new staff and consultants to all Head Start staff and whenever possible provide a tour of the Head Start centers when classes are in session. This will provide a personalized view of the program.

Discussions With Head Start Director and Health Component Coordinators

Discussions often help to answer questions and establish rapport which can have a lasting effect on work relationships.

Film, Slide Presentations, Overhead Transparencies

Slide presentations and overhead transparencies which focus on health component activities during past years and the function of the health services component can be developed.

The Buddy System

Since the coordinator will not always be available to answer questions, it may be helpful to assign each new staff person to an experienced one who may serve as a resource and link to the program and its operation. Such an assignment would be for purposes of orientation, but would have no supervising implications.

An Orientation Packet

A packet could be prepared that the new person could keep for study and reference. Such a packet might include:

- A brief summary of the National Head Start program (such as the national ACYF fact sheet).
- Information about the local Head Start program
- Head Start Performance Standards, Policies, and Transmittal Notices
- Health Services Plan or sections of the plan (medical, dental, mental health, nutrition) appropriate to participants
- Procedures Manual (medical, dental, mental health, nutrition)
- Information regarding the role of the HSAC
- Copies of forms used (medical, dental, mental health, nutrition) appropriate to participants
- Any recent available self-assessment in the health component.
- Needs assessment questionnaires used with parents and staff
- A list of definitions and abbreviations or terms commonly used in Head Start.

An orientation packet can seem overwhelming if it is too large. It should be as simple and concise as practical. We suggest that:

- The packet be made as attractive as possible
- A content sheet be enclosed which briefly describes each document
- The packet be individualized whenever possible and minimize the amount of reading required.
- Applicable sections of documents such as Performance Standards be circled in red or otherwise marked.

Such a packet might also be helpful for new HSAC members.

Reorientation

It is difficult for new staff and new consultants to develop a complete understanding of their role in Head Start after an initial orientation. Therefore, a reorientation session approximately three months later may be desirable in order to reinforce the goals and philosophy of the Head Start program and the function of staff and consultants and to answer questions which may have arisen in the meantime.

GETTING THE MATERIALS YOU NEED

As you go through the planning process, the need for various kinds of materials with which to carry out your plans will become evident. You will need consent forms for documentation, toothbrushes to teach oral hygiene, and so on. Collecting materials at random is not very effective. Instead, perform the following steps:

ACTION STEP 1: MAKE A LIST OF WHAT YOU WILL NEED to accomplish what you have planned, being sure to consider every section of the plan; a worksheet for your adaptation and use in listing the materials you will need may be found in Appendix F. Do this well in advance, and order your equipment three months before the start of the program year, if possible.

ACTION STEP 2: DO JOINT PLANNING with other Head Start staff regarding needed materials so as to share ideas, consolidate orders, and avoid duplicating material. Find out what supplies are ordered by the program and stocked for use by all components.

ACTION STEP 3: FIND OUT from the Director HOW MATERIALS ARE ORDERED for your Head Start program, who is responsible for placing orders and receiving shipments, and what the budget implications are.

ACTION STEP 4: If the program elects to do some screening procedures using Head Start staff or volunteers, ORDER THE MATERIALS NECESSARY TO COMPLETE THESE PROCEDURES. (Be sure you will not be duplicating screening services available in the community or already performed elsewhere.) To get you started, a beginning list of materials you may need has been included in Appendix F.

NEGOTIATION AND ADVOCACY

In making things happen that are necessary to meet the Performance Standards for Head Start health services, staff members often must act as "brokers" (that is, as intermediaries who link families and children to health resources or to a health care delivery system). In setting up these linkages, and in acquiring health provider services for the Head Start program, the broker will engage in negotiations. The process of exchanging ideas so as to reach agreement about how these health services will be provided should be part of the negotiations. Head Start staff may also need to negotiate to bring about changes in the health environment of the community, or in the way that certain professionals or agencies are providing health services. In carrying out the negotiation process, the staff member acts as an advocate, which means to speak up for the children and to represent effectively the interests of the Head Start program and its families. Health staff are "advocates" for health in a broader sense as well: they promote good health practices in daily living which include a broad range of preventive and remedial health activities in the home, at the Head Start center, and elsewhere.

Some key ideas about negotiation and advocacy are presented below.

Negotiation

Negotiation is basically a two-way communications process. Successful negotiations require a few basic ingredients: thorough preparation, understanding the issues and being able to explain them, a knowledge of human nature and human behavior so that you can predict how the other party will act, and having a strategy (knowing in advance what techniques you will use, depending upon how things go).

When problems arise in negotiations with health care professionals and agencies, it is often because one or both of the negotiating parties do not completely understand the goals, objectives, and Performance Standards for Head Start health services.

Human behavior under normal circumstances can often be predicted. While individuals differ, there are elements that are common to all people. By dealing with the similarities and not emphasizing the differences, we can more clearly understand the individual needs.

Successful negotiations depend upon making each side's goal clearly known, finding mutual objectives, and maintaining a situation of mutual trust. The aim of negotiations should be to reach agreement with both parties giving and gaining and the Head Start children ultimately receiving the benefits.

Part of strategy is knowing what you are willing to give in return for what you want. Often the negotiator has Head Start "chips" with which to bargain; that is, something that Head Start has which the other agency or consultant needs or wants. The health or consultation services being sought may be services which the other agencies are trying to provide. If both Head Start and the agency have a common goal and needs which each can fulfill for the other, supplementation of services is more likely to be agreed upon, and it becomes a matter of agreeing to what each will do.

Some of the "chips" which Head Start negotiators may have are:

(1) Volunteer and staff time to assist with operation of clinics for Head Start children.

(2) Finances (but remember the Head Start funds are to be used as the "last dollar" only after other resources have been tapped).

(3) Baby-sitting capabilities

(4) Transportation

(5) Equipment, space

(6) Staff capability to do follow-up and help in contact with families

(7) Publicity generated for the provider

(8) Business generated for providers

(9) Advocacy to get payment for providers

(10) Case-finding and outreach

(11) Community relations capability

(12) Parent counseling

(13) Home visiting capability for needed health education.

To summarize, some of these ideas for effective negotiations can be expressed in the following action steps:

ACTION STEP 1: REVIEW THE HEAD START PERFORMANCE STANDARDS for health services to assure that you understand them and what determines compliance with them.

ACTION STEP 2: CONTACT THE PROVIDER OR AGENCY, and set a date for them to visit the Head Start center, preferably during class time so they can get a first hand view of the program's activities. If they are unable to visit, make an appointment to go to their office.

ACTION STEP 3: During the vist, DESCRIBE EXACTLY WHAT SERVICES ARE NEEDED. Review the Performance Standards with the provider and outline the specifics of the health services requirements. Employ your strategy, play your chips, and reach an agreement.

ACTION STEP 4: WORK OUT THE ADMINISTRATIVE DETAILS for both parties, including place of services, payment for services, designated liaison person for the agency and for Head Start, means of referral, how to handle missed appointments, reporting requirements, and any others.

ACTION STEP 5: ARRANGE TO HAVE THE RESULTS OF THE NEGOTIATIONS CONFIRMED IN WRITING, as described in this section on interagency agreements and contracts.

Advocacy

When Head Start staff persons are negotiating for health services, they are acting as an advocate for children, families, and their health needs. The Head Start role in advocacy can be strengthened by work with individuals and agencies at other levels. Professionals may be more apt to listen to ideas about health services for Head Start children if the ideas come from other professionals. Participation in advocacy by the HSAC and its members is essential to ensure the cooperation of the community in providing health care to children.

Some ways to provide advocacy for the health of Head Start children are outlined in the following action steps. You should be creative in making up and using your own advocacy strategies - these are some basic suggestions.

ACTION STEP 1: INCREASE YOUR PROGRAM VISIBILITY IN THE COMMUNITY through news releases to newspapers, radio, or T.V. Consider announcing meetings of the HSAC, parent workshops, appointments of committee members, and appointments of providers (see the Health Services Advisory Committee Handbook for an example). Good photographs of children will help get a news article printed.

ACTION STEP 2: ENLIST THE HSAC TO BE ADVOCATES FOR THE HEALTH PROGRAM by putting items on their meeting agenda concerning problems of negotiation, advocacy, and community cooperation.

ACTION STEP 3: ASK HSAC PROFESSIONALS TO GIVE PRESENTATIONS ABOUT HEAD START HEALTH NEEDS AND SERVICES to their professional associations.

ACTION STEP 4: ARRANGE WITH LOCAL SERVICE ORGANIZATIONS FOR SOMEONE FROM HEAD START TO GIVE A TALK with slides and posters about the health services program.

Case Studies

Here are some kinds of health issues in which negotiation and advocacy come into play. The first problem has been worked out as an example. Staff may wish to discuss or work out the remaining studies as self-instructional exercises or use them in staff in-service training.

Example: Case Number 1.

Problem: Lead screening results on Head Start children and siblings show high lead levels. The families involved live in the same section of town.

Key Negotiators/Advocates:

- Head Start Director
- Health Coordinator and Social Services Coordinator
- HSAC members (particularly Health Department representative and physician)
- Medical Consultant

Long Range Goal: Improve unhealthy environment in that section of town.

Strategies:

- Place this problem on HSAC agenda for discussion and determining strategies.
- Identify agencies who should be involved, e.g.:
  - a) Local/State Health Department
  - b) Local Housing Authority.
- Identify Head Start bargaining power to be used in negotiation.
- Negotiate with these agencies to
  - a) Have all family members screened
  - b) Develop a health education campaign
  - c) Organize a campaign to improve housing in the neighborhood with the Housing Authority (house painting, etc.)

Now think about the rest of the cases and decide:

- Who should be the key negotiators if your program were faced with this problem?
- What would be your long range goal in approaching this problem?
- What strategies would you use to resolve this problem using negotiation and advocacy skills?

Case Number 2.

Problem: The Public Assistance (welfare) Agency apparently does not provide sufficient information on EPSDT to all Medicaid-eligible families, despite federal regulations that recipients be fully informed. Recipients do not understand their benefits.

Case Number 3.

Problem: Head Start parents do not receive adequate information from health care providers to make informed choices with regard to the health care of their families. For example, a family takes a child who has been wheezing to a health department diagnostic clinic on a Head Start referral. The physician mentions three different courses of treatment but does not explain them fully in terms the family can understand. When the family is unable to respond, the physician selects one of the treatments for them and directs them to try that for awhile. The family later complains to Head Start staff that they don't understand how to use the medications.

Case Number 4.

Problem: Health providers do not provide the services required in the Performance Standards.

Case Number 5.

Problem: Children and families served by the Head Start Program receive health care in a fragmented manner. They need to be linked to on-going health service in their respective neighborhoods.

Case Number 6.

Problem: Reports from health providers are not made in a way in which Head Start staff and families can use them.

INTERAGENCY AGREEMENTS AND CONTRACTS

A Head Start program will have agreements with consultants, individual health providers, institutions or groups for provision of health and other services. These may be more or less formal and might consist of letters of agreement, interagency agreements, or contracts. They may cover such services as:

- Services to children in the program, principally for health and/or supportive or testing services for handicapped children

- Contracts for operation of all or part of the total program
- Specialty consultation (e.g. a mental health or nutrition consultant)
- Transportation services
- Lease of equipment
- Maintenance services for buildings and equipment
- Food or food services
- Provision of supplies

Agreements

Interagency agreements are agreements negotiated with private or government agencies, institutions, or groups of providers and are not legally binding.

They are the expressions of referral arrangements, operating procedures, and mutual obligations and expectations to which both parties agree, but do not usually cover direct payments for services from one party to the other. Such agreements usually include provision for annual review of the document by both parties for possible revisions. For example, if a local agency provides free visual screening to all Head Start children, the Head Start program and the agency may wish to write an interagency agreement spelling out referral procedures, clinic arrangements, transfer of records, procedures for follow-up and case conferencing, etc. In such a case, no funds would be exchanged with Head Start. The advantages of a written agreement in such a case include:

- prevention of later misunderstandings or "institutional amnesia" regarding the arrangements
- assistance to new staff of both agencies in understanding the interagency relationship

- clarification through the agreement negotiation process of some issues or expectations which might otherwise remain unexpressed and lead to later difficulties

- formal provision for a periodic review to arrive at clear joint decisions on needs for updating the relationship.

Interagency agreements have been negotiated between Head Start and Crippled Children's Services at the national level and between Head Start and EPSDT* at the national level and in some states. Local Head Start programs are encouraged to develop agreements with these programs at the local level.

Contracts

A contract is the most formal kind of agreement. Contracts for the provision of health services should ensure that the health provider is committed to delivering high quality services in the most efficient and timely manner. A contract is a legal document that represents the intentions of the provider and the receiver. It defines the services to be provided, the conditions (time, place, amount, quality) under which they will be provided, and payment that the provider will receive.

Contracts may be of two kinds: fixed price, or open-ended. Each kind has advantages and disadvantages as shown in Figure II-2.

CONTRACT PREPARATION AND PROCESSING

The preparation and processing of contractual arrangements should be done at the same time as the grant application process. After an assessment of the health services program needs and the identification of health care

*See Appendix J for list of State Interagency Agreements between Head Start and EPSDT.

Description	Advantages	Disadvantages
• Fixed Price Contracts are written on a fixed price basis of providing certain services for a fixed number of children.	• Limit the amount of financial obligations	• Can create problems in reprogramming funds if service needs change (i.e., number of children changes) • Are difficult to create if there is uncertainty about what health services are needed.
• Open-Ended Contracts may be open-ended as to the number of children to be served and the total billing cost.	• Ease in preparation • In cases of uncertainty about health services that will be needed, such as treatment services, this may be appropriate.	• Can create problems in forecasting costs.

FIGURE II-2. ADVANTAGES AND DISADVANTAGES OF TWO KINDS OF CONTRACTS

providers and consultants (medical, dental, mental health, nutrition), contracts or interagency agreements should be negotiated with individual or agency providers. The involvement of the Health Coordinator in the process will depend upon past practice and the wishes of the Head Start Program Director. Note also that state requirements vary and the agreement should be checked by an attorney.

ACTION STEP 1: Evaluate the advantages and disadvantages of interagency agreements, fixed price, and open-ended contracts. CHOOSE THE TYPE OF CONTRACT which is specific enough to address the needs of your program. Before choosing open-ended contracts because of the ease in preparing them, try to correct uncertainties about health service delivery needs.

ACTION STEP 2: Identify health care providers. MEET WITH PROSPECTIVE PROVIDERS to discuss the cost of health, dental, mental health, nutrition, and special services for the handicapped and to formulate a preliminary contract or interagency agreement. Be certain to forecast potential increases in costs.

ACTION STEP 3: SUBMIT COPIES OF PRELIMINARY CONTRACTS TO THE HEAD START DIRECTOR for inclusion in the grant application package. The contract should include the following key elements:

- Outline of specific duties to be performed by the health provider, (e.g., types of screening exams to be provided).
- Description of specific items to be provided by the Head Start program (e.g., transportation of children to and from service delivery site).
- Timetable for completing service delivery.
- Conditions of Payment - Timely invoices which specify the children seen and the services provided should be submitted by the provider.
- Conditions of Performance (e.g., where the services will be performed, any appointment system, etc).
- Conditions for terminating the agreement, means for settlement of disputes, and penalties for failure to perform.
- Specifics about how the results of screenings, treatments, etc., are to be reported to Head Start.
- Specify how emergencies will be handled.

ACTION STEP 4: CONDUCT FINAL NEGOTIATIONS with providers shortly after the program grant has been awarded.

Some example agreements and contracts are included in Appendix H. Others are available from appropriate regional ACYF and/or contractor consultants.

Avoiding Problems in Contracting

Contracting activities should be arranged so as to avoid the following potential problems:

- In order to avoid situations where the health area is under-budgeted, the price for health services should be negotiated before completing the Health Component budget. In many programs, the price for health and handicapped services is not negotiated with providers prior to the submission of grant applications. If programs fail to forecast accurately the price of these services, the budgeted amount may be insufficient.

- If the quality of the contract is poor, problems may occur in the contract performance. If the contract does not specify the scope of services or tests to be performed or the number of children to be seen, it will be hard to evaluate the provider's performance.
- Situations may occur where the program cannot control or forecast contract amounts. It may be difficult to forecast how many children will require outside health services because of such factors as turnover or drop-out rate, degree of health problems, and kind of handicapping conditions. A contract that specifies services for a fixed number of children may be difficult to change if you want to reallocate funds.
- Interagency agreements which fail to specify a review period and modification procedure are more likely to fall victim to "institutional amnesia" and cease to have functional value.

ADMINISTRATIVE REPORTS

In carrying out the Health Services Plan and Program, work flow needs to be controlled. Controlling is the process of reviewing and measuring performance in order to ensure that the program plans and objectives are achieved, at all levels of the Head Start program.

An administrative reporting system is a primary element of the control process. This system requires the development of monthly and annual reports at various levels of the Head Start program. The essential elements of the system are illustrated in Figure II-3.

REPORT	HOW TO IMPLEMENT
(1) Monthly Health Services Report: includes complete reports of activities in all four health areas and a financial statement of money spent in each health area. See Appendix H for example format.	• Develop reporting forms for all areas of health services. • To the extent possible, obtain a statement of expenditures from program bookkeeper on a monthly basis. • Train staff on how to use forms and set deadlines for reports to be submitted. • Submit the entire Health Services Report to the Head Start Director and the Health Services Advisory Committee.
(2) Health Care Provider Reports: reports services rendered to each child. Should be received from the health care provider before payment for services is made.	• Upon making a referral or request for treatment send a letter to the provider requesting specifically what the report should include. • Upon receipt of the report, review report contents. If it is not readable and usable, discuss the problem with the provider. • Place reports in each child's health record. • Transcribe screening findings to child's health record and tracking instrument.
(3) Annual Reports: compiled at the end of each year; a complete report which shows the total activities and expenditures for the year.	• Review each report and compile pertinent information. • Add up all health services expenditures. • Write a brief analysis of the year's activities and what was achieved. • Write a brief analysis of the year's expenditures, comparing them to the figures projected in the original budget. • Submit annual report to HSAC and HS Director and Policy Coordinator.

FIGURE II-3. ELEMENTS OF ADMINISTRATIVE REPORTING SYSTEM

ARRANGING SCREENING AND EXAMINATION RESOURCES

There are a variety of ways to obtain health screening. The types of screening providers available in many communities include the local health department, community health centers, health maintenance organizations, Children and Youth Centers, private physicians and dentists, hospital outpatient departments, and as a last resort, the Head Start program itself. These providers may also be providers within the Early and Periodic Screening Diagnosis and Treatment program (EPSDT).

EPSDT is the child health screening, diagnosis and treatment component of the federally funded, state-administered Medicaid (Title XIX) program. It is designed to provide for the early detection and treatment of health problems of Medicaid-eligible children and youth (birth to age 21). In many states, the EPSDT package of screening services meets and may even exceed Head Start requirements. However, the package does vary by state and must be reviewed to assure its adequacy for Head Start purposes; if it is not adequate, the program will have to supplement EPSDT services through other arrangements. The program has different names in different states (e.g., Child Health Assurance Program in New York; Medi-Check in Illinois; Project Health in Michigan; Child Health Disability Prevention program in California); Arizona does not have a Medicaid/EPSDT program. In some states, only children in families receiving public assistance payments (AFDC or SSI) are eligible, while in others both the medically indigent (not receiving a public assistance payment but with an income only slightly higher than those who do) and certain other groups of low-income or young people are eligible. All states except Arizona make EPSDT available at a minimum to families receiving public assistance payments.

Screening performed through EPSDT is free to Medicaid-eligible children. Clinics (Children and Youth Centers, health departments, neighborhood health centers) are often free or very low cost for the non-Medicaid - eligible family and the Head Start program. Also, some private providers donate services for Head Start children. In determining the appropriate providers, it is important for Head Start health staff to weigh the benefits of an offer of free services against any potential drawbacks.

- Does the provider offer a comprehensive package of screening services as required by Head Start Performance Standards?
- Will the provider also be available to give ongoing services (diagnosis, treatment, routine preventive and acute care) to Head Start families?
- Is the provider convenient and acceptable to families?
- Does the provider serve Head Start needs?
- Is there any reason to believe that the provider's motivations are suspect, e.g., that they will do visual screening and then overprescribe glasses which they sell?

Whenever you can, help the family obtain all or most of the services from a single comprehensive care providers that they can use as a regular source of care now and after they leave Head Start.

If there is a source in the community that is supposed to pay for screening services, make that source work for you. Using the existing system for screening also helps more families toward the Head Start objective of linking them up with ongoing sources of health care.

ACTION STEP 1: LOCATE COMMUNITY RESOURCES FOR THE PROVISION OF SCREENINGS/EXAMINATIONS. Refer to your Community Resource File for the names of providers who may be able to provide the necessary screenings. Contact them to ascertain whether they are willing to provide services to the Head Start children. Services change and some resources used in the past may no longer be available.

ACTON STEP 2: IDENTIFY SCREENING RESOURCES FOR FAMILIES WHO HAVE NO PROVIDER. Assess the budgetary impact for the families and the Head Start program of using the different providers.

It is not enough just to send letters. In establishing a good working relationship, personal contacts, particularly with the support and encouragement of friendly community leaders and professionals (such as some on your HSAC), will usually be much more effective.

ACTION STEP 3: ORIENT PROVIDERS TO HEAD START REQUIREMENTS AND THE GOALS OF THE HEAD START HEALTH PROGRAM. Work out mutually agreeable arrangements for information sharing, case management, and (if necessary) reimbursement. In contacting local providers, you may need to do some persuading in order to obtain their cooperation.* Explain the services you need and give the provider reasons to help the program. Make it clear that, if there is any way you can make his/her job easier, you will be happy to cooperate. Discuss the following points with health providers in person, by letter or by phone:

- Who you are and your involvement in the Head Start program.
- Head Start provides supportive services, i.e., transportation of babysitting, and follow-up assistance until children receive all necessary treatment.
- Head Start's assistance to families can reduce missed/broken appointments.
- The provider's preferred method for scheduling appointments.
- Procedures for exchanging information on results of screening, diagnosis and treatment of Head Start children.
- Your awareness of the need to handle medical records in a confidential way and your agency's plan to limit access to medical records.

A sample letter developed for Medicaid-eligible children is provided in Appendix H which may help you in contacting providers. This can be adapted for use with providers for non-eligible children as well.

ACTION STEP 4: DOUBLE CHECK TO MAKE SURE THAT ALL STAFF AND VOLUNTEERS ARE APPROPRIATELY TRAINED TO ASSIST IN OR PERFORM ANY SCREENING PROCEDURES. Be sure they have met state and local health requirements for working with children.

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* Adapted from "EPSDT: A How-To Guide for Head Start Programs"

ACTION STEP 5: SCHEDULE SCREENING WITH PROVIDERS. Contact the providers who have agreed to provide services, and work with parents to make arrangements for screening to be provided. Screenings should be completed for each child within three months of enrollment.

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- NOW TURN BACK TO PART 1, PAGE 15, FOR A SUMMARY OF THE ACTION STEPS FOR GETTING READY TO CARRY OUT THE HEALTH PLAN.
- THE APPENDICES RELATED TO THIS SECTION ARE APPENDICES C, D, E, F, AND H.
- IF YOU ARE DEVELOPING A HEALTH COMPONENT WORKBOOK, YOU MAY WISH TO INCLUDE:
  - YOUR PROGRAM'S ORGANIZATIONAL CHART
  - HEALTH STAFF JOB DESCRIPTIONS
  - HEALTH RELATED INTERAGENCY AGREEMENTS AND CONTRACTS
  - ADMINISTRATIVE REPORT FORM
  - INSERVICE TRAINING PLANS

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SECTION III

ENSURING A SAFE ENVIRONMENT

Emergency Plans And First Aid

Sanitation And Other Hygenic Measures
Center Areas
Staff Responsibility

Safety in The Classroom, Home, And Play Areas
Classroom Problem Areas and Dangers
Playground Problem Areas
Home Safety Problem Areas
Training and Assistance in Safety

Safe Transportation of Head Start Children
Pedestrian Safety
Parent Involvement
Head Start Transportation

SECTION III

ENSURING A SAFE ENVIRONMENT

Before you even arrange for the first child to be screened, you can make a significant contribution to the health of the children and families in your program. You can take a first step toward the prevention of illness and accident by concerning yourself with preparing a safe, clean environment for the children and assisting families to do the same at home. Such preparation will involve not only ensuring proper sanitation within the center, but also making all Head Start areas and activities safe for children, keeping staff healthy, and planning what to do in event of an emergency. The discussion below will provide suggestions in each of these areas.

EMERGENCY PLANS AND FIRST AID

A Head Start center assumes responsibility for the lives and safety of the children enrolled there. No one wants a child to be injured or to become critically ill. However, medical and other emergencies do occur, and Head Start programs must be prepared for them.

In preparing for such emergencies, each local program should develop procedures for emergencies and provide staff and parents the opportunity to learn the principles of prevention, sanitation, emergency first aid measures and safety practices. In times of distress and emergency, people naturally tend to act hurriedly, but this is precisely when calm, clear thinking and actions are most needed. Posting emergency plans in each classroom where they can be easily seen helps ensure that they can be put into practice immediately. The use of a classroom emergency card on each child which also summarizes health status can be helpful. (An example may be found in Appendix H). The card can be kept in a box for transporting along with children on field trips.

ACTION STEP 1: WRITE A PLAN THAT SPELLS OUT POLICIES AND PROCEDURES FOR MEDICAL EMERGENCIES. Modifications should be made to meet the specific needs of each Head Start program. For example, migrant Head Start children rarely have a family doctor, and often their parents are working in the fields and are difficult to locate by phone. In such situations it would be better if a staff member could drive out to the fields and drive the parent into town to the doctor/dentist/hospital to meet the child. Sample emergency forms are included in Appendix H. Make sure that the plans identify the persons responsible.

ACTION STEP 2: WRITE A PLAN THAT SPECIFIES DENTAL EMERGENCY PROCEDURES. These must include instructions on what to do if a tooth is knocked out or if the teeth are injured. These procedures should be developed by Head Start health staff together with the dentist on the Health Services Advisory Committee. Arrange for a minimum of one full-time person in each classroom to be oriented about the conditions under which tooth reimplantation is possible and the correct procedures to follow in such situations.

ACTION STEP 3: DEVELOP WRITTEN PROCEDURES FOR TRANSPORTING CHILDREN to a hospital and notifying their parents in case of emergency.

ACTION STEP 4: DEVELOP PLANS FOR EVACUATION in case of a disaster/emergency situation which affects the entire Head Start center. Check with the local Red Cross to identify the types of plans, evacuation procedures or other precautions to be taken that are appropriate to the program's geographic location (i.e., tornados, hurricanes, floods, etc.). Request assistance from the local fire department in identifying escape routes (and alternative escape routes) and notification procedures. Clearly mark all exits in classrooms and the Head Start building.

ACTION STEP 5: ORIENT STAFF AND VOLUNTEERS IN EACH HEAD START CENTER TO THE PROPER PROCEDURES TO FOLLOW IN CASE OF FIRE OR EMERGENCY EVAUCATION AND CONDUCT DRILLS PERIODICALLY. Work with teachers to ensure that children are taught proper procedures.

ACTION STEP 6: CHECK PERIODICALLY TO SEE THAT UP-TO-DATE COPIES OF THE FOLLOWING WRITTEN PROCEDURES ARE POSTED in each classroom and in other conspicuous places, such as next to the main exit. Post an additional copy by the telephone, if it is located in a part of the Head Start center other than a classroom.

- Medical emergency policies and procedures

- Dental emergency procedures
- Procedures for transporting children to the hospital and notifying parents
- Fire/evacuation plans
- Fire escape routes and notification procedures
- Name, address and phone number of a hospital or clinic and dentist available in an emergency.

ACTION STEP 7: TRAIN AT LEAST ONE FULL-TIME PERSON in each classroom in first aid. First aid kits should be available in each classroom and they should be checked every three months and restocked if necessary. If the Head Start program provides transportation for the children, arrange for staff, volunteers and/or the bus driver who accompany the children to have first aid or medical emergency training.

SANITATION AND OTHER HYGENIC MEASURES

In order to prevent diseases and reduce their spread in Head Start centers, appropriate sanitary measures are in order. It is important to consider all aspects of sanitation throughout the Head Start center. Equally important are the personal hygiene habits of the staff. Staff behavior is a model for the children and can help them to develop their own good habits that prevent the transmission of germs.

Center Areas

All classrooms should be kept clean and free from conditions which encourage the spread of germs. In particular, the center's food preparation, nap, and bathroom areas pose risks for the transmission of germs. Performance Standards require compliance with applicable local, state and federal sanitation laws and regulations for food service operations and posting of evidence of compliance.

ACTION STEP 1: ARRANGE FOR ALL KITCHEN PERSONNEL TO RECEIVE AN ORIENTATION TO THE PRINCIPLES OF PERSONAL SANITATION and work practices, as well as the principles of proper food preparation and storage; appropriate selection, cleaning and storage of all eating and cooking utensils; and the proper cleaning and safety maintenance of kitchen appliances and facilities. Your Nutrition Coordinator/consultant or a home economist from your Extension Service or school system should be able to provide such training. If you contract with a food service vendor, make sure that they provide an adequate orientation.

ACTION STEP 2: Food service staff should USE THE FOLLOWING POINTS FOR SELF MONITORING. The Nutritionist/Dietitian or Health Coordinator should check the kitchen and food service staff at least every month, using the same list.

Mini Checklist for Kitchen Sanitation

- Food preparation surfaces are clean, free of cracks or crevices.
- Food is properly stored.
- Handled leftovers are discarded.
- Foods stored in the refrigerator are covered.
- Refrigerators and freezers are kept clean, at the proper temperature, and in proper repair, i.e., gasket around door not cracked or broken.
- Personnel are free of communicable disease and perform appropriate handwashing, use hair covers and wear clean clothing.
- Food containers in the dry goods storage area are placed at least six inches above the floor.
- Appropriate working and serving utensils are used and properly cleaned and stored.
- Pots and pans are not pitted and are free of dents. Plates are free from chips and cracks.
- Plumbing is working properly and water temperature is at least 170° F., or a sanitizing agent is properly used for sanitizing all cooking and eating utensils.
- Trash and garbage storage containers have tight fitting covers. Containers are cleaned as frequently as necessary.

- No animals or vermin are present. Insect entry is controlled by screens on windows and door openings.

ACTION STEP 3: For Head Start programs which care for infants, THE PROCEDURES FOR CHANGING DIAPERS, maintaining a clean workspace, the proper disposal of diapers, and handwashing before changing or handling other infants must be scrupulously followed. Discuss these points with center staff and periodically observe center facilities.

ACTION STEP 4: HEAD START CENTER STAFF SHOULD periodically check all bathrooms, using the following list.

Mini Checklist for Bathroom Sanitation

- Soap, supplies of paper towels, and toilet tissue are available and adequate.
- Toothbrushes are carefully labelled, stored and not shared by the children.
- Plumbing is properly working.
- Sinks, toilets, floors, etc., are clean and well maintained.
- Trash container is emptied and sanitized regularly.

ACTION STEP 5: HEAD START STAFF SHOULD BE ALERTED to the following, and to similar situations where they can prevent the transmission of germs:

  - Spilled juice attracts flies and should be wiped up at once.
  - Once a tissue has been used, throw it away immediately.

ACTION STEP 6: CHILDREN SHOULD BE TAUGHT by classroom staff:

  - How to use a common water fountain without touching the fixtures with their mouths.
  - To wash hands before eating, and after using the toilet.
  - Not to share drinking cups, toothbrushes, or eating utensils.

- To cover their mouths with a tissue or to sneeze/cough away from other people (toward the floor) when sneezing or coughing.

- To dispose of tissues.

ACTION STEP 7: CLASSROOM STAFF MUST ENSURE AN ADEQUATE VOLUME OF AIR AROUND EACH CHILD AND ADEQUATE AIR CIRCULATION. This will dilute the concentration of any airborne germs present and therefore help prevent the spread of respiratory illness. This means that children should not be crowded into a small space for any period of time. For example, at naptime, avoid crowding the sleeping mats or cots too close together; leave about four feet between each space (i.e., the children's heads). Head Start center staff should open windows and/or doors as necessary to ventilate classrooms while they are occupied and to provide adequate air circulation.

ACTION STEP 8: CLASSROOM STAFF SHOULD BE AWARE THAT CHILDREN'S HEALTH CAN BE HARMED IF THEY ARE OVERHEATED by wearing too many clothes or clothes that are too warm. Children usually will not need hats, coats, jackets or heavy sweaters to be comfortable inside the classroom, or outside, when the weather is warm (65-70° or over).

ACTION STEP 9: In cold weather, Head Start staff should MAINTAIN CLASSROOM TEMPERATURE AT A COMFORTABLE LEVEL, but avoid over heating the air. Superheated air in a classroom will excessively dry the children's mucous membranes, making them more susceptible to respiratory infections.

Staff Responsibility

In addition to modeling positive health practices for the children, an important preventive health practice for Head Start staff and volunteers is ensuring that they are themselves healthy and free of communicable disease. The Head Start Performance Standards specify that staff and regular volunteers must meet state and local health requirements for working with young children. The following suggestions are designed to help you protect the health of your staff and the children in your center.

ACTION STEP 1: Contact the local and/or state health department to OBTAIN HEALTH REGULATIONS for paid and volunteer staff.

ACTION STEP 2: INFORM THE HEAD START DIRECTOR OF HEALTH REGULATIONS. Determine who has responsibility for ensuring compliance and who shall be responsible for payments for any required health exams.

ACTION STEP 3: REVIEW THE REGULATIONS WITH THE HEALTH SERVICES ADVISORY COMMITTEE. Involve the committee in developing policies determining the frequency of periodic health examinations for staff, defining communicable (contagious) diseases for which staff and volunteers will remain out of contact with the children, and providing for compliance with state and local regulations. Generally, staff should have an initial health examination when employed and periodic checkups thereafter. Define "regular volunteer" and determine what health screening they should receive and who has responsibility for ensuring it. In some states, this will include tuberculosis screening for all staff and volunteers.

ACTION STEP 4: IDENTIFY RESOURCES FOR STAFF/VOLUNTEER EXAMINATIONS and for following up on health problems which may be identified among staff.

ACTION STEP 5: PROVIDE HEALTH EDUCATION TO STAFF AND VOLUNTEERS on basic principles of sanitation, personal hygiene, modeling positive practices and the transmission of contagious disease.

SAFETY IN THE CLASSROOM, HOME, AND PLAY AREAS

Without appropriate adult supervision, no environment is safe for small children. In order to grow and develop, the environment must be a safe and healthy one. Not all accidents can be prevented, but the concept of accident prevention must be constantly on the minds of all adults at the Head Start center, and safety principles should be shared with the children to alert them to dangers and to avoid accidents. Obvious hazards and risks that are present in the classroom, on the playground and at home can be eliminated or at least minimized to prevent as many accidents as possible. The key factor is appropriate supervision.

It is the Health Coordinator's responsibility to work with the Education Coordinator and other Head Start staff members to identify and correct potentially hazardous conditions. (The Child Development Associate program has developed competencies for classroom staff for a safe and healthy environment.)

The following suggestions can be used to begin to identify obvious hazards, but risks specific to each center must be identified during on-site inspections. For example, classrooms in basements sometimes have concrete supporting pillars that need to be covered with rugs or other soft materials to prevent head injuries caused by children being pushed or running into the pillars, the paint coating may contain a hazardous quality of lead.

Classroom Problem Areas and Dangers

Head Start Health Staff can assist classroom staff in making the following safety arrangements:

ACTION STEP 1: OBSERVE CHILDREN AS THEY USE TOYS to make sure they can use them properly and that the toys are appropriate for their age group.

ACTION STEP 2: ARRANGE FOR TOYS TO BE INSPECTED AND CAREFULLY MAINTAINED. Parents could be asked to set up a center safety committee which could help with this task.

ACTION STEP 3: MAKE SURE THAT TOYS purchased or donated for use at Head Start centers ARE NOT SO NOISY AS TO IRRITATE, disturb or impair hearing.

ACTION STEP 4. DO NOT ALLOW PROPELLENT TOYS (such as dart guns) at the center and discourage parents from purchasing them for use at home. Eye injuries are the most common hazard of these toys; the propelled objects can also be inhaled by children.

ACTION STEP 5: Plastic packaging can suffocate children. CAREFULLY DISPOSE OF ALL PLASTIC WRAPPING.

ACTION STEP 6: Remind staff to KEEP THE AGE GROUP OF THE CHILDREN IN MIND WHEN THEY PURCHASE A TOY BOX FOR THE HEAD START CENTER. The lid should come off completely or stay open without being held. The toy box should not be deep; it should be well made so that there are no splinters or sharp edges.

ACTION STEP 7: Head Start health staff should ALERT CENTER AND CLASSROOM STAFF TO THE FOLLOWING HAZARDS also:

- CRAFT OBJECTS: small pieces can be lodged in ears or noses or may be picked up by a smaller child and put in his/her mouth. Round objects on the floor can cause falls.
- Even though the ends of SCISSORS are blunt, eye and mouth injuries occur when children run with them or use them improperly. When children are helping adults prepare food in the classroom, don't allow younger children to use KNIVES or SCISSORS. Older children should be closely supervised when allowed to cut food.
- PAINT/ART SUPPLIES should be nontoxic; children chew on their brushes. Spilled paint can cause falls. Paste and glue may be eaten.
- STYROFOAM CUPS and PLASTIC FORKS can be chewed upon or broken into pieces, and children have choked when pieces got stuck in the windpipe or throat.
- CRAYONS can cause falls if they are left loose on the floor. Also, children should not be allowed to eat them.
- GLASS PANELS (i.e., set into walls) can cause serious injuries if children run into them.
- Exposed FANS or SPACE HEATERS should be screened and well out of reach of children.
- A GLASS POT (Pyrex) should be used to boil liquids at the center (classroom). It allows children to see that there is something hot inside and therefore avoid touching it.
- Other COOKING UTENSILS and equipment used in nutrition education activities and mealtime should be carefully selected with the children's needs in mind.

ACTION STEP 8: Arrange for paint lead testing in center.

Playground Problem Areas

ACTION STEP 1: Center staff should CHECK SWING SETS, SEESAWS, SLIDES, AND OTHER EQUIPMENT at centers to make sure that they are properly installed, anchored, have working, undamaged parts, and are over soft ground and woodchips.

ACTION STEP 2: Center staff must understand that CLOSE SUPERVISION IS NEEDED TO KEEP CHILDREN FROM SWINGING TOO HIGH and to keep children far enough away from swings and seesaws that are being used.

ACTION STEP 3: Head Start health staff should bring to the attention of center and classroom staff that IT IS DANGEROUS FOR CHILDREN TO PLAY TOO CLOSE TO SEESAWS WHICH ARE BEING USED to teeter too high, or to push them up and down while empty. The result can be broken teeth, broken bones (especially upper arms) and head injuries. Close supervision is needed to prevent these types of accidents.

ACTION STEP 4: Center staff should MAKE SURE EACH CHILD USING THE EQUIPMENT IS READY TO DO SO and not frightened by it. It is better to prevent children from using equipment until they are ready.

Home Safety Problem Areas

ACTION STEP 1: In home-based programs, ARRANGE FOR HOME VISITORS AND PARENTS TO RECEIVE ORIENTATION in home safety measures. This training should include such topics as:

- Safe home heating
- Prevention of poisoning and what to do if poisoning occurs
- Safe use of electrical appliances, cords and outlets
- Water safety for infants and toddlers
- Traffic safety for toddlers and preschoolers

- Home accident prevention
- Use and abuse of medications.

ACTION STEP 2: Head Start health staff should MAKE SURE THE FOLLOWING AREAS ARE INCLUDED IN SAFETY EDUCATION for parents and staff, and that home visitors discuss these during visits with parents in home-based programs:

- Kitchen appliance safety
- Space heaters and fans
- Water safety
- Electrical safety
- Children who live on farms should be kept away from farm machinery and pesticides.
- Eating non-food items such as clay, chalk, and dirt (called *pica*) must be discouraged

ACTION STEP 3: Be sure to STORE PROPERLY any foods which are taken into the home for nutrition education activities.

Training and Assistance in Safety

ACTION STEP 1: The health staff can DRAW UPON COMMUNITY RESOURCES FOR ASSISTANCE in making the Head Start center "accident proof" and for staff, parent, and child training.

- The Fire Department can be of assistance in planning escape routes, setting up fire drill schedules, determining the necessary number of fire extinguishers, etc. They are very good at presenting demonstrations for children and parents.
- Local pharmacists or poison prevention control units can be utilized to help "poisonproof" the classroom/home and present training to staff and parents.
- Local Red Cross chapters provide first aid training sessions free of cost other than for materials.

- For help with playground safety, centers can draw upon the U.S. Park Service staff, city park service staff, public/private swimming pool lifeguards, YMCA/YWCA staff, emergency room staff, maintenance personnel, and public health environmentalists.
- For home safety, community resources available include home economics teachers, accident insurance brokers, health department sanitarians, public health nurses, county home economists and poison prevention units.
- Information on toy safety can be obtained free of charge from the U.S. Consumer Product Safety Commission, consumer rights groups, or toy manufacturers. Some regional CPSC staff will provide training for programs such as Head Start.

SAFE TRANSPORTATION OF HEAD START CHILDREN

The safety of children en route to or from a Head Start center or on a field trip is an area which is easy to overlook, but it is a critical part of safety efforts. Vehicles which transport children should have child safety restraints. Enough adults should accompany the children to help ensure their safety, both while on a vehicle and during field trips (e.g., one adult for every two to five children). In addition, the driver and other adults should have training in emergency and first aid procedures. Children can be taught simple rules of safety and become accustomed to the use of safety seat restraints. A very serious mistake that parents often make is assuming that a child is safe in their arms in a motor vehicle. Safety education for parents in this area is needed.

Pedestrian Safety

ACTION STEP 1: CHECK ALL HEAD START CENTERS to make sure that:

- Centers are appropriately and clearly marked for through traffic. "CHILDREN AT PLAY" and "SCHOOL ZONE" signs can be requested from the local police department or department of motor vehicles/highway department.
- Routes from the bus or from parent dropoff points into the center are laid out to protect children from any oncoming traffic.
- Playgrounds are preferably fenced areas, with adequate adult supervision. If the play area is not fenced, supervision must be increased to keep children from running into the street.
- Children are not permitted to play near or around garbage bins. The bins themselves are dangerous, and garbage collection vehicle drivers might not be alert for children in this area.
- Driveways or parking lots are not used for tricycle play unless they are blocked off and have constant and alert adult supervision. Children should never be allowed to play in the street.
- If children walk from the Head Start center to a nearby playground, or other outing, an adult counts the children before leaving and upon arrival. Many local Head Start programs recruit enough parent volunteers for walking outings so that there is one parent for every two children (each parent can hold two children by the hand).

ACTION STEP 2: Work with the Education Coordinator to MAKE SURE THAT TRAFFIC SAFETY RULES ARE INTEGRATED INTO CLASSROOM ACTIVITIES .

Parent Involvement

ACTION STEP 1: Work with parent involvement staff to PLAN AND CARRY OUT A FORMAL TRAINING SESSION FOR PARENTS to increase their awareness of child transportation and pedestrian hazards.

Head Start Transportation

ACTION STEP 1: Work with the Head Start Program Director or Administrator to SET UP A SYSTEM which ensures that:

- The vehicles used to transport children are mechanically safe and sound. They should have periodic, thorough inspections, tune-ups and regular maintenance.
- Each vehicle carries a fire extinguisher in good working order and the bus driver knows how to operate it.
- There is a basic first aid kit on board.
- For buses that pick up children from very remote or isolated areas or that operate in bad weather in rural areas, it is advisable for a two-way radio to be on board also.
- Buses or vans that transport children should have seat restraints that are appropriate for the age group being carried.
- The bus driver is a reliable and mature individual who has the license required to operate a school bus or van. This person should receive training in emergency and first aid procedures.
- There are a sufficient number of adults on board the vehicle.
- Children are not left unattended in a vehicle.

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- NOW TURN BACK TO PART 1, PAGE 16, FOR A SUMMARY OF THE ACTION STEPS FOR ENSURING A SAFE ENVIRONMENT.

- THE APPENDIX RELATED TO THIS SECTION IS APPENDIX H.

- IF YOU ARE DEVELOPING A HEALTH COMPONENT WORKBOOK, YOU MAY WISH TO INCLUDE:

    - EMERGENCY AND SAFETY POLICIES AND PROCEDURES
    - DATES OF SAFETY CHECKS AND DRILLS CONDUCTED
    - DATES OF STAFF TRAINING IN SAFETY AND FIRST AID
    - SAFETY AND SANITATION CHECKLIST FORM
    - DOCUMENTATION OF STAFF AND VOLUNTEER HEALTH EXAMS

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SECTION IV

PROVIDING HEALTH SERVICES FOR HEAD START CHILDREN

Introduction

The Health Interview/Parent Orientation
Preparing for the Interview
Scheduling and Conducting the Parent Interview
Additional Ways to Orient Parents

Screening: Medical, Dental, Developmental/Mental Health, Nutrition
Screening and the Performance Standards
Timing
Notification, Documentation, and Review
Quality Control
Case Example

Assessing Immunization Status

Case Management
Initiating Case Management for all Health Areas
Identifying Health Resources
Ongoing Monitoring
Completing Follow-up

Sharing Health Information With Staff And Parents

SECTION IV

PROVIDING HEALTH SERVICES FOR HEAD START CHILDREN

INTRODUCTION

As a member of the health staff of a Head Start program, you have been assigned responsibility for seeing that each child in the program receives the necessary medical, dental, mental and nutritional health services required by the Performance Standards. Remember, however, that you are not alone. In doing your job effectively, you will be sharing much of this responsibility with parents, with other Head Start staff and with the Health Services Advisory Committee.

If families are to take responsibility for their own health and link up with an ongoing system of care, parents must be kept closely informed of all services provided to their children. Parents should be encouraged to make appointments for their children themselves whenever possible. When Head Start schedules the health services you will want to ask parents to participate actively. You should also work closely with Head Start staff in the other components, to make sure that all of you are carrying out the services to fill each child's individual needs.

This Section will deal with the implementation of the health plan by breaking it down into the tasks you will need to perform:

1. Conducting health interviews/parent orientation
2. Screening the children
3. Assessing immunization status
4. Performing case management
5. Informing parents and staff.

In addition, there are some other aspects of implementing health services which are included in the Performance Standards and which will be discussed in the sections which follow.

- Special Needs Children
- Health Records
- Health Education.

Throughout this section, you will notice that we encourage you to build into your procedures a system of checks and balances. All of us need to make sure that important tasks get done on time. Furthermore, parent participation is such an integral part of Head Start, and health services are understandably such a low priority for many low-income families, that it is necessary to try several different ways, and at different times, to make sure that children actually obtain the necessary services.

Because there are many variations in the way Head Start programs are set up and staffed, the guidelines given here will not always be appropriate to your local situation and needs. Your own common sense and knowledge of the Performance Standards will be useful assets. We will try to offer suggestions of alternate ways to get your job done so that, whatever your background and experience, you can do it. We have tried to advise you on how to organize your tasks, because the more you can do this, the easier it will become to accomplish your plans and the more enjoyable your overall job will be.

THE HEALTH INTERVIEW/PARENT ORIENTATION

Parents' first contact with the Head Start Health Component occurs during the health interview, when the health history is filled out. This interview gives the staff a chance to explain the health component, describe good health practices, and identify parents who might be willing to be volunteers in the program. The information obtained gives the staff a picture of the child's past and present health, of the family's attitudes toward health care, and of any health problems the child and family may have.

A word of caution: if Head Start staff try to save time by omitting the health interview and having parents fill out the health history themselves, they will be lose an opportunity both to acquaint parents with Head Start and to explain some of their health philosophy.

Preparing for the Interview

Head Start programs are required by the Performance Standards to obtain and record a complete health (medical, dental, dietary, developmental) history for each child, as soon as possible after enrollment.

Be sure that the form you use for the health history has a fairly detailed birth and psychosocial/developmental history section. This can help you pick up problems and strengths early on and help teaching staff plan for working with the child in the classroom. The person taking the health history should be sure to ask the parent carefully if his child has any medical or health problems, and to say that such problems would be very unlikely to exclude him or her from the Head Start program. Tell the parent you will need their permission to get copies of any previous health records to complete the child's health history.

An important consideration in compiling the health record is the training of the person who will have responsibility for obtaining the information. The interviewer is as important as the person who supplies the information about the child. It is extremely important that the parent's/guardian's initial contact with Head Start staff is positive and nonthreatening.

In some programs, the Health Coordinator conducts the health interviews; in many others, the Social Services Coordinator or aides conduct them. If you are not conducting the interviews yourself, you may need to train the interviewers in the use of the form and be sure that they are familiar with basic interviewing techniques.

In-service staff training in interviewing techniques can assist in making sure that the parent's first contact with the program is a pleasant, informative one. Orientation of the staff interviewers to the health record forms being used, to the necessity of obtaining the critical information about the child's health, and providing clear explanations to the parent/guardian, will help make them more effective.

In developing your own interviewing skills and in developing those skills in others, keep these guidelines in mind:

- The interviewer should introduce himself/herself to the child and accompanying adult; ascertain the relationship between them (e.g., "Are you Karl's parent, grandparent, etc.?"). Do not assume that the adult is the child's parent.
- When asking the questions and taking the information from the parent or guardian, try to be careful not to suggest that there is a right or wrong answer or that he or she is being judged by the answers given. Be aware of your tone of voice, your facial expressions and your gestures, as well as your actual words, as you ask the questions and be careful not to suggest answers or give your own opinions. By practicing your interviewing skills, you will be able to help the parent or guardian feel good about the program and give you answers which will help the program to help the child and family.
- Keep this question in mind: Is this a person we can recruit as a volunteer for the Health Component?

After the health interviews are conducted, review each child's record to get a picture of the child's health history, the child and family's strengths and needs, the health services and immunizations the child has had (Remember, these must be documented!) and which ones must be scheduled, and any immediate needs the child has which should be given top priority for screening.

Scheduling and Conducting the Parent Interview

Here are the specific steps to take in the parent interview:

ACTION STEP 1: SCHEDULE AN APPROPRIATE TIME TO CONDUCT THE INTERVIEW. Interviews should be as soon as possible after the child is enrolled. Often, it is helpful to take the health history during the summer, if the program pre-enrolls children in May and June. In this way you can finish some of the work early and may identify some health problems and start follow-up treatment for them early. Emphasize the importance of parental involvement when scheduling the interview.

ACTION STEP 2: INITIATE AND SCHEDULE OTHER PLANNED PARENT ORIENTATION ACTIVITIES (see below). These can include parent visits to the center, discussions or meeting with parents, distribution of written materials, etc. When scheduling the interview, ascertain the parent/guardian's native language and arrange for a translator to be present during the session, if necessary.

ACTION STEP 3: CONDUCT THE INTERVIEW. ASSURE THAT THE PARENT/GUARDIAN IS COMFORTABLE DURING THE INTERVIEW. Carefully explain the purpose of the interview.

ACTION STEP 4: TELL HIM/HER THAT HEAD START IS INTERESTED IN THE TOTAL WELL-BEING AND DEVELOPMENT OF THE CHILD. Dental, medical, nutrition, mental health and social services are all working to help the child be healthy and stay that way.

ACTION STEP 5: ASK THE PARENT IF HE/SHE IS FAMILIAR WITH THE IDEA THAT PREVENTION CAN BE AS IMPORTANT AS CURING ILLNESS. Encourage the family to continue going to the same source of care.

This is an appropriate time to have the parent/guardian ask any questions about Head Start health services and share her/his views on preventive health care.

ACTION STEP 6: TALK WITH THE PARENT ABOUT HOW HE/SHE IS ALREADY INVOLVED IN BEGINNING TO TEACH THE CHILD ABOUT HEALTH CARE (for example, going to well-child clinic, or brushing teeth regularly). Let the parent know he/she is doing a good job. Mention that Head Start also emphasizes the preventive aspects of mental health through encouraging parents' efforts to do a good job of "parenting", through a positive classroom environment, and through staff role modeling of positive behaviors and ways to express feelings.

ACTION STEP 7: EXPLAIN TO THE PARENT THAT IT IS IMPORTANT FOR PARENTS TO ARRANGE AND TAKE PART IN THE PROCESS OF HEALTH SCREENING AND ANY VISITS THEIR CHILDREN MAKE TO THE DOCTOR OR DENTIST. Mention that the program will help out with transportation, translation, babysitting other children (or whatever support services you offer), because it feels that the parent's input and interaction with the provider is so important.

ACTION STEP 8: EXPLAIN ALSO THE IMPORTANCE TO THE FAMILY OF HAVING A PLACE THEY CAN GET CONTINUING PREVENTIVE AND CURATIVE HEALTH CARE (IF THEY DO NOT HAVE SUCH A PLACE ALREADY). The program sees it as very important that they all have *regular* good health care, and will help them find a regular provider if they need one.

ACTION STEP 9: EXPLAIN THAT HEALTH INFORMATION ABOUT THE CHILD WILL BE *CONFIDENTIAL*. Explain the program's confidentiality policy (e.g., staff will see only the part of the information they need to know in order to serve the child properly). The services can't be given without parents' knowledge and consent. This last point is so important that to emphasize it firmly you may even wish to have the parent sign a statement that you have explained it and that the parent understands it.

ACTION STEP 10: ASK THE PARENT IF THIS CHILD HAS ANY MEDICAL OR HEALTH PROBLEMS, AND STATE THAT SUCH PROBLEMS WOULD PROBABLY NOT EXCLUDE THE CHILD FROM THE HEAD START PROGRAM. Tell the parent you will need her permission to get copies of any previous health records for the child to complete the health history. Ask the parent to sign the appropriate consent forms after they have been explained.

ACTION STEP 11: MAKE IT CLEAR TO THE PARENT THAT HEALTH INFORMATION ABOUT THE CHILD (ABOUT NEED FOR IMMUNIZATIONS OR FROM THE SCREENING AND PHYSICAL EXAM) WILL BE SHARED WITH HIM/HER IN WRITING AND VERBALLY IN HIS/HER NATIVE LANGUAGE.

ACTION STEP 12: TELL THE PARENT THAT HEAD START WILL HELP HER/HIM LEARN ABOUT THE OTHER SERVICES FOR FAMILIES IN THE AREA. Give parents a booklet about community resources and discuss its contents.

ACTION STEP 13: TELL THE PARENT WHAT MEALS THE CHILD WILL BE HAVING AT THE CENTER. This is just one part of Head Start nutrition services.

ACTION STEP 14: MAKE THE POINT THAT THE HEAD START PROGRAM IS THERE TO WORK WITH PARENTS AS WELL AS WITH THE CHILDREN. Through a fairly detailed psychosocial history you will begin to identify what concerns or problems the parent has about the child and about being a parent; explain that later on in the year, you will be arranging a program for parents. Is there any particular kind of information she/he is interested in or needs in this area? Mention also that Head Start staff will observe children in the classroom and will keep in touch with parents about the program's efforts to meet their child's individual needs and to support his/her strengths.

Additional Ways to Orient Parents

Besides telling parents individually about the health services during the health intake interview, try to follow up with one or more of these other kinds of parent orientation. Presenting information in several different ways often gets your ideas across better.

- WRITTEN MATERIALS. You can send parents a letter outlining the services their children will receive. Some local programs prefer to give parents a descriptive handbook covering all the components of Head Start.

  Either way, describing the program in writing allows parents to review the information any time, and as often as they wish. Be sure to find out which parents can and cannot read and write so as to select the appropriate orientation method.

- GROUP ORIENTATION MEETINGS. Many Head Start programs hold parent-staff meetings during the first week of the school year. Component staff usually visit each center to explain to parents the full range of Head Start services, including those of the health component. One local program told us that its staff holds three orientation meetings for parents during the first week. One of the meetings is purely a social occasion for staff and parents to get acquainted with each other. The other two are "business" meetings.

- VISITS TO THE CENTERS. While not usually thought of as a potential orientation method, this could be useful. For example, regarding the nutrition area, every parent should be invited to the center to participate in and observe a meal or snack with the children so that she can get a first-hand idea of what goes on.

- DISCUSSION GROUPS AND INFORMAL PARENT TRAINING SESSIONS. These can be especially good ways to let the parents know more about the program's mental health aspects and staff, especially since parents may have negative ideas about these. To many people, "mental health services" means services for the mentally ill.

- COMBINATIONS OF INDIVIDUAL/SMALL GROUP ORIENTATIONS
  in one parent's home for home-based parents. Due to distance and lack of transportation, it may not be possible to bring parents participating in a home-based option to the center several times for orientation in the first few weeks.

SCREENING: MEDICAL, DENTAL, DEVELOPMENTAL/MENTAL HEALTH, NUTRITION

All children in Head Start receive screening procedures. When health problems, appear, they are referred for diagnosis and treatment. These concepts -- screening, diagnosis, and treatment -- are closely linked, and it is important to understand the differences. Hence we are going to give you an overview of all three processes in this section.

SCREENING is the use of quick, inexpensive and simple procedures to sort out the apparently healthy from those who may be atypical or have an abnormality. Health screening uses laboratory and other procedures to gather information about a child's health. If a specific test result falls within the "normal" range no further medical procedures are required. If any screening result does not fall within the normal range, it is called positive (that is, may be atypical or abnormal). Positive screening results identify those conditions which need further diagnosis and may need treatment. Screening outcomes and follow-up actions may be classified as:

Normal (negative) - No action needed
Suspect - Retest
Atypical/Abnormal(Positive) - Referral or Diagnosis needed.

DIAGNOSIS is the recognition of a health problem; that is, finding out what the health problem is or if there is no health problem. When making a diagnosis, a physician or other health professional may use health histories, dietary information, laboratory test results, family/teacher/staff observations, x-rays, physical and psychological examinations, etc. A diagnosis enables the professional to make a plan for treatment specific to the individual patient's problems.

Under certain circumstances, diagnosis and treatment may be provided at the same time and place as screening. In other circumstances, screening may be done separately, but diagnosis and treatment may be provided together during a second appointment. Minimizing the number of appointments will reduce the chance of broken appointments and dropouts.

TREATMENT is management and care designed to control, minimize, correct, or cure a disease or abnormality (e.g., eyeglasses, fillings for dental caries, therapy for a child with an emotional problem). Treatment is the key to an effective program since screening and diagnosis of a disorder are not meaningful unless needed treatment is provided. Treatment may be needed to establish or re-establish normal health, to stop further progression of health problems, or to prevent their recurrence.

Screening and the Performance Standards

In addition to a complete developmental and health history (including immunization status), each child enrolled in Head Start should receive the following screenings and categorization:

- Medical
  - Growth assessment including height, length, weight, head circumference (up to two years old), and age, recorded on standardized growth charts at the beginning and end of the year
  - Visual acuity and strabismus testing every two years beginning at age three.
  - Audiometric testing of hearing acuity every two years beginning at age three.
  - Hemoglobin or hematocrit determination during the child's first year in the program
  - Undressed physical examination including blood pressure every two years beginning at age three.
  - Other selected screenings where appropriate, based on state health department policy or HSAC recommendations. (These tests can include urinalysis, tuberculin testing, sickle cell anemia, lead poisoning, and intestinal parasites.) Speech and language screening is not required but is available through some state EPSDT programs. The Peabody Picture Vocabulary Test is often used. If you are interested, speak with the speech and language division of the state health department to find out if they would recommend this.
- Dental
  - Oral health categorization to determine priority of needs during the child's first year in the program.

- Developmental/Mental Health
  - Information from parents
  - Staff and professional observation
  - Health and developmental histories
  - Health examinations (done in medical screening)
  - Developmental screening (instruments) with professional and/or staff assessment (review) of this and all of the above.
- Nutrition
  - Review of growth assessment and hemoglobin or hematocrit (gathered in medical screening)
  - Dietary assessment (dietary intake and habits, special needs, feeding problems).

Consult the Performance Standards and Transmittal Notice 80.1 for more information on the types of tests that are required or recommended, on how to administer them, and on interpreting the results.

A child entering Head Start may have received one or more physical examinations, immunizations, and other health screenings at appropriate ages before entering Head Start. In this case, he or she will not need to repeat that procedure until the next age at which it is required. This concept is called "periodicity" and is reflected in Performance Standards and TN 80.1 requirements.

ACTION STEP 1: IDENTIFY THE SERVICES AND THE EXAMINATIONS CHILDREN MUST RECEIVE BY REFERRING TO PERFORMANCE STANDARDS, HSAC RECOMMENDATIONS AND STATE/LOCAL LAWS AND STANDARDS.

ACTION STEP 2: IDENTIFY WHICH SERVICES EACH CHILD WILL NEED.

- Consult the Performance Standards and Transmittal Notice 80.1 to determine the frequency with which each service should be administered.

- Check each child's record to determine which services the child should have. Remember that if a child has had services prior to enrollment, the Head Start program must have documentation of the results and the provider's follow-up recommendations. If you cannot get this, you must rescreen the child.
- For each child, determine which procedures are provided by the family's regular provider of health care and arrange for those which are not provided.
- For each procedure, determine the number of children for which you will need to make arrangements.
- You will need to know the range of preventive/ screening services offered by the family's usual source of care and the state/local standards for screening procedures such as TB testing. Figure out as early as possible, for the whole group of enrolled children, what number will be served by each type of provider. Wherever possible, encourage parents to take their child to an ongoing source of care which they have used in the past for the services.

Medical

The required medical screenings provide critical baseline data on the health status of each child. They also provide the basis for the nutritional and developmental assessments discussed below. Determination of immunization status is often considered part of a comprehensive medical screening package. However, because immunization status is usually done at the time of the parent interview/health history by Head Start staff, it will be discussed in detail later in this section.

The selection of screenings in addition to the basic required package should be done in consideration of your community's health problems and the needs of your Head Start population. For a community with a very low rate of tuberculosis, tuberculin screening would be a waste of time and money. A community with a cold climate will usually not need screening for intestinal parasites, while communities in the southeastern and southwest United States might. Your HSAC can help you ascertain the special needs posed by your particular situation.

Dental

An oral health categorization should be made for each child to identify children who must receive top priority for immediate professional examinations and to set priority of needs for the program.

This categorization is usually done by a dental hygienist or a trained paraprofessional (perhaps a Head Start staff person) and involves inspecting children's mouths for the following conditions:

- Children with oral pain traumatically injured hard and soft intraoral and facial tissues, oral bleeding, oral infection, oral lesions and badly decayed teeth.
- Children with obvious cavities and/or with abnormal development of oral structures.
- Children with no gross dental problem but who need a dental examination because they have not had one in the last 12 months.

Dental categorization is useful in identifying those children who have the most urgent treatment needs and those who need not be seen immediately by a dental provider. Oral categorizations may be accomplished at no cost to the program if planned properly.

Financial resources should be earmarked for dental examinations and treatment instead. All children will need a annual dental examination by a dentist. It does little good to pay for dental examinations unless there is some way to provide dental treatment, either through the family's resources (Medicaid, etc.) or some other resource for those who cannot pay for it themselves.

Nutritional

Ask ahead of time if the screening providers you are dealing with do any kind of nutritional assessment. During any screening, providers should at least measure height, weight and hematocrit or hemoglobin. As a rule, Head Start program staff complete the dietary assessment themselves. The nutritionist will probably not have time to assess every child. In most cases, whoever takes the health history should be trained by a nutritionist to collect the dietary information. The height and weight are plotted on a growth chart for each child two times during the year. Children who are overweight or underweight or appear to have an inadequate food intake should be reported immediately to the nutritionist or Health Coordinator.

Developmental/Mental Health

The Head Start program's professional mental health consultant should help you select and use developmental screening instruments. The consultant can also advise you who is the best person to administer the different instruments, who should interpret and assess results in conjunction with all other screening information, and who should be best able to follow up on any identified needs. It is helpful to lay some groundwork ahead of time and build up a trustful relationship between families and the persons doing the assessment (review). All phases of the developmental screening and assessment (review) process are directed toward describing and understanding the child's overall functioning, strengths, and weaknesses.

Inital phases of the screening process usually include interviewing the parent about the child's developmental status and the parent's perceptions and concerns about the child's adjustment and emotional and behavioral status, and perhaps having the parent fill out or respond to an inventory of the child's developmental skills (motor, language, etc). Observations on the part of the provider performing the physical examination and notes on developmental history also constitute important elements in the initial review.

The classroom teacher makes a unique contribution in assessing the child's development. He/she observes the child daily and can identify strengths, weakness or problems in development.

Trained paraprofessionals or teachers may then perform direct structured observations of the child's functioning using a variety of developmental screening inventories, checklists, or instruments selected upon the advice of the mental health consultant and HSAC. These observations will focus on basic adaptive coping skills and behavioral factors relating to learning, social and language development, motor skills, and perceptual status. This total activity is called development assessment in the Performance Standards. It is often referred to as developmental screening. While paraprofessionals can be trained to perform screening, it is best that more highly trained professionals be involved in reviewing (assessing) and interpreting results and monitoring the quality and reliability of the activity. A staff team often does an assessment of the screening findings to determine whether; (1) no further screening is indicated at this time; (2) to rescreen; or (3) to refer for evaluation.

On the basis of the assessment (review) or parental initiative, the child and family may be referred for specific evaluation of emotional and behavioral adjustment and parent/child/family interactions, and for a more extensive physical/neurologic examination. This phase of developmental diagnosis (evaluation) must be performed by an appropriate skilled professional. Only a licensed professional is authorized to diagnose a mental health handicap. Remember also that a physical cause for emotional and behavioral problems must be ruled out before referral for mental health evaluation.

Timing

While you are arranging for screening services for all the children, keep in mind that all treatments should be initiated for all children in a timely manner; within 120 days after they enter Head Start is a useful target. To complete diagnosis and initiate treatment within a reasonable time frame, screening, the preliminary step, must be accomplished very early in the program year. Also, when screening test results are available early, they can alert the health provider at the time of the physical examination to problems requiring a more complete professional evaluation.

The majority of Head Start programs do run up against obstacles to completing screening early; so be forewarned. Start as early as possible to work with parents to arrange for screening appointments.

The screening provider will decide the sequence for provision of the different required screening procedures depending on the physical facility, staff, and the welfare of the children. If Head Start is doing some of the screenings, you may wish to consult with the other screening providers and your HSAC regarding timing considerations for providing the complete package of services.

Also consider that a very few EPSDT providers may have a space problem in their own facility, but could schedule appropriate staff to come to the Head Start center at a mutually convenient time or make other arrangements. One drawback of this approach may be lack of parent involvement and carryover effect; a parent whose child receives screening at the center is not learning how to negotiate with the community health delivery system so as to obtain those services for the child later.

Notification, Documentation, and Review

It is crucial to prepare parents, teachers, and children for the screenings and to explain of the importance of screening and the procedures to be used. Some of the screening may be done in the center and teachers will need to take time to prepare children for screening and then to set aside morning or afternoon for the procedure itself. You might wish to meet with the teachers as a group or individually to discuss upcoming screening and to work out the arrangements.

ACTION STEP 1: NOTIFY PARENTS AND TEACHERS OF THE SCHEDULE FOR ANY SCREENING WHICH THE PROGRAM HAS ARRANGED ON BEHALF OF THE FAMILY. MAKE SURE INDIVIDUAL CONSENT FORMS ARE SIGNED BY PARENTS AT THAT TIME. You should notify the parents in writing, seven to ten days in advance, of what specific screenings the child will have.

ACTION STEP 2: MEET WITH THE TEACHERS TO PREPARE THE CHILDREN FOR THE SCREENING EXPERIENCE. IF CERTAIN PROCEDURES ARE TO BE DONE IN THE CENTER, WORK OUT DETAILS WITH THE TEACHERS AND OTHER STAFF.

ACTION STEP 3: CARRY OUT THE SCREENINGS IN A CAREFUL AND THOROUGH MANNER.

ACTION STEP 4: RECORD RESULTS IN THE CHILD HEALTH RECORD AND TRACKING SYSTEM. The results of screening will be noted on the tracking instrument and in children's individual health records. After this is done, you will start immediately to work with parents in interpreting screening results and arranging for appropriate diagnosis and treatment with the provider. Make sure that screening result information is flowing smoothly to the provider carrying out the physical exams, if that is a different provider.

ACTION STEP 5: REVIEW RESULTS AND NOTIFY THE PARENTS. It is extremely crucial that the designated staff person(s) sit down and review screening results as soon as possible so that he/she can quickly take whatever action is indicated and interpret the results to parents.

ACTION STEP 6: CONTACT RELEVANT PROVIDERS.

Quality Control

Whether you and your staff perform some screening or you contract with a provider for all screening you will need a way of making sure that the screenings your children receive are accurate and that they are administered in an acceptable way. Many of the screening procedures are designed to give accurate results only if they are always given in the same way and under the same circumstances. If your program staff are conducting the screenings, try to arrange for them to have proper training in administering the procedures and reporting the results. Also, the staff's screening skills should be monitored periodically by a competent professional to assure that the tests are indeed accurately performed. In addition, arrange for a medical professional to review the results of all or some of the children. If you cannot locate a physician or clinic to assist you in this, contact your local health department or EPSDT/Medicaid provider. They often can provide training in administering screenings and recording results for free or on a contract basis. Specific agencies, such as those related to vision or hearing, may be able to provide training related to particular procedures. Your HSAC may be able to advise you if you have a screening instrument but are not able to locate a source of training in how to use it.

If you are using a health provider for screening, your first quality control step is making a good selection. Try to be careful of whom you pick to perform the screenings, e.g., call the State Licensing Board for his/her profession to check if he/she is licensed, and whether he/she has remained consistently in good standing with the board. Contact nearby Head Start or school programs to see if the provider has worked with them, and to get references. If at all possible, visit the facility in which the provider will see the children to see that it is safe and comfortable. If you are at all concerned about the provider, consult your HSAC for advice.

Notice whether a provider is conscientious in following up on the results and informing you of results. The information you receive should be understandable to parents and to you, and if necessary the provider should be willing to explain it. Be sure the provider abides by the contract you have with him/her.

Case Example

In one local Head Start program, the EPSDT program mails parents an appointment notice for the EPSDT screening clinic and then telephones them two days in advance to make sure they will be present with their children. Parents are also notified by teachers of the scheduled screening clinic. The EPSDT staff arranges to hold an orientation meeting in each classroom for parents and children, to explain the health screening procedures. At the time of the clinic, parents are asked to walk through the entire process with their children. Whether the screening is held at a health department clinic location or at a Head Start center, the center staff is present to assist parents in any way necessary so that they will be free to be with the child. Staff members may translate, look after other children, etc.

When a child is found to need urgent medical attention, parents are given an immediate appointment by the EPSDT staff. The Health Coordinator receives all other referral notices directly from EPSDT within several days and makes the referral, using Head Start referral and parent notification procedures and forms and then notes the referral on the health tracking system. In the meantime, the Health Coordinator has already finished noting the results of screening procedures for all children on the tracking system.

Think about the following questions:

1. Does this system provide for adequate notification and review of the screening?
2. What are the "double-checks" built into this system that help assure full attendance at the screening?
3. How does this system provide for linking the family with an ongoing source of comprehensive care? How could this objective be better addressed?

ASSESSING IMMUNIZATION STATUS

Immunization is one of the simplest, most effective, and least expensive preventive health measures available. A completely immunized child is protected from many of the diseases--diphtheria, whooping cough, tetanus, polio, mumps, measles, and rubella--that in the past were among the most feared childhood killers. A child who is not immunized can contract those diseases and pass them on to other children who are not immunized. Refer to the ACYF publication "A Tale of Shots and Drops for Parents of Young Children" (No. (OHDS) 79-31128) for more information on immunizations.

Head Start programs are required to follow the latest National Head Start immunization schedule, which is based on the recommendations of the American Academy of Pediatrics and Center for Disease Control. See Transmittal Notice 79.3 for the current immunization schedule.

It is important that parents understand the protection which vaccines give as well as any risks that the vaccines themselves may pose. It is equally important that parents fully understand the risk they are taking with their children's health if they fail to immunize them against the seven childhood diseases which can be prevented by vaccine. You as health staff have the responsibility to work with parents and make sure that every Head Start child is protected from immunizable diseases at an early age and that he or she remains protected. Parents have the right to request exemption from the immunization requirements due to personal beliefs; however, the health implications of such exemption need to be pointed out. This request should be in the parent's writing and is part of the health record.

ACTION STEP 1: SHARE INFORMATION ON IMMUNIZATION AND POLICIES WITH YOUR HEALTH SERVICES ADVISORY COMMITTEE AND WITH STAFF IN THE OTHER COMPONENTS OF YOUR PROGRAM. This will help them understand the importance of immunizations and the urgency of scheduling them early. Review immunization issues with your HSAC and be particularly sure to get the physician member's input.

ACTION STEP 2: INFORM PARENTS OF THE BENEFITS AND RISKS OF IMMUNIZATIONS AT THE TIME OF THE PARENT INTERVIEW/HEALTH HISTORY. The brochure mentioned above, "A Tale of Shots and Drops," can be given to parents for their information. The U. S. Public Health Service issues other educational materials on immunizations. Obtain an informed consent from the parent for permission of needed immunizations. All children must have up-to-date immunizations.

For each child who is enrolling or re-enrolling in your Head Start program, you will need to determine current immunization status, to find out if the immunizations are complete and, if not, which ones are needed. A good preliminary step is for you to get to know Head Start, state and national standards and policies for immunizations. Follow whichever standards are more stringent.

ACTION STEP 3: REVIEW THE HEAD START PERFORMANCE STANDARD, WHATEVER STATE LICENSING REQUIREMENTS APPLY, AND YOUR HEALTH PLAN FOR IMMUNIZATION ASSESSMENT.

ACTION STEP 4: BE ALERT FOR CHANGES. Immunization standards change as experts learn more about specific vaccines and as diseases become less common due to more widespread immunizations. Get on the mailing list for the American Academy of Pediatrics policy statements (P.O. Box 1034, Evanston, Illinois 60204). You can obtain a variety of materials from your state communicable disease divisions (for example, the current state manual on control of communicable disease). Your state's EPSDT program will have an immunization schedule. As with state health department standards, you are obligated to follow Head Start instead of EPSDT standards, unless EPSDT is more stringent.

Immunization is a step-by-step process and we do have some leeway in scheduling so long as all the shots are given. Even the most careful parent may get a late start if his or her baby was premature or tiny at birth; or completing the children's immunizations may have been put off because of allergies, illnesses or relocations. It is not necessary to begin an interrupted series all over again or to add extra doses of vaccine if there is documentation of immunizations received.

At the time of enrolling in Head Start, an adequately immunized three or four year old child would have a record of:

4	Doses of Diphtheria, Tetanus, Pertussis (whooping cough) (DTP)
3 or 4	Doses of Trivalent Oral Polio Vaccine (TOPV)
1	MMR (separate doses of Measles, Mumps and Rubella, or a 3-in-one shot)

Private physicians or different state recommendations may vary from this schedule slightly. Most children will probably not have the four to six year old DTP and TOPV boosters when they enroll in Head Start, since they get these two years after the date of the first booster.

ACTION STEP 5: REVIEW PARENTS' IMMUNIZATION RECORDS FOR EACH CHILD. Some programs do this in the spring or summer before the child is enrolled in Head Start. If non-health staff are taking immunization information and history when children are pre-registered, you will want to orient them about how best they can do this. Parents do not remember these dates and very often do not know what an up-to-date record requires. Advise the parent that a record of immunization must be provided. This record should reflect the types of immunizations and dates given, and be initialed by the provider. This record of past immunizations is a part of the individual child health record in Head Start.

ACTION STEP 6: RECORD THE CHILD'S IMMUNIZATION STATUS, NEED FOR FOLLOW-UP, AND INFORM PARENTS OF IMMUNIZATIONS NEEDED.

CASE MANAGEMENT

Case management is necessary to make sure Head Start's efforts in behalf of the child's health really pay off. The goal is to make sure that all children receive timely, competent and continuing care for all health problems.

Effective case management always involves parents, because they have the major responsibility for seeing that their child's health problems are corrected. Your role is to help these families establish and maintain contact with appropriate health care providers until their child's problems are remedied or regular treatment is set up and assured. Keep the parents involved in the negotiations with providers, particularly where follow-through may continue well after the child leaves Head Start, since the parents will need an assured source of ongoing care.

Two major functions of case management are referral and follow-up. Referral is the process of sending or directing persons to another agency or professional for treatment or health services. Follow-up is the process of pursuing a referral to determine what action was taken. Effective referral and follow-up include proper interpretation of health conditions to parents and other interested parties. Figure IV-1 illustrates the entire case management process.

Head Start Performance Standards specifically require treatment and follow-up services for children. Screening procedures and physical exams, without follow-up treatment for those who need it, are a waste of time and are of no value to the children or the community.

Each child with atypical/abnormal findings should have a diagnostic evaluation initiated and the date recorded. If a child has had a diagnostic evaluation of the abnormal finding within the past twelve months or is currently under treatment for that finding, the diagnostic evaluation need not be repeated. Diagnostic evaluation must be performed by appropriate licensed or certified professionals. Program staff may find it helpful to develop an interdisciplinary diagnostic team to accomplish this.

For a child with a suspected handicap, the evaluation should be conducted by professionals who work with children with these conditions. The evaluation should provide a functional assessment, recommendations for home and program

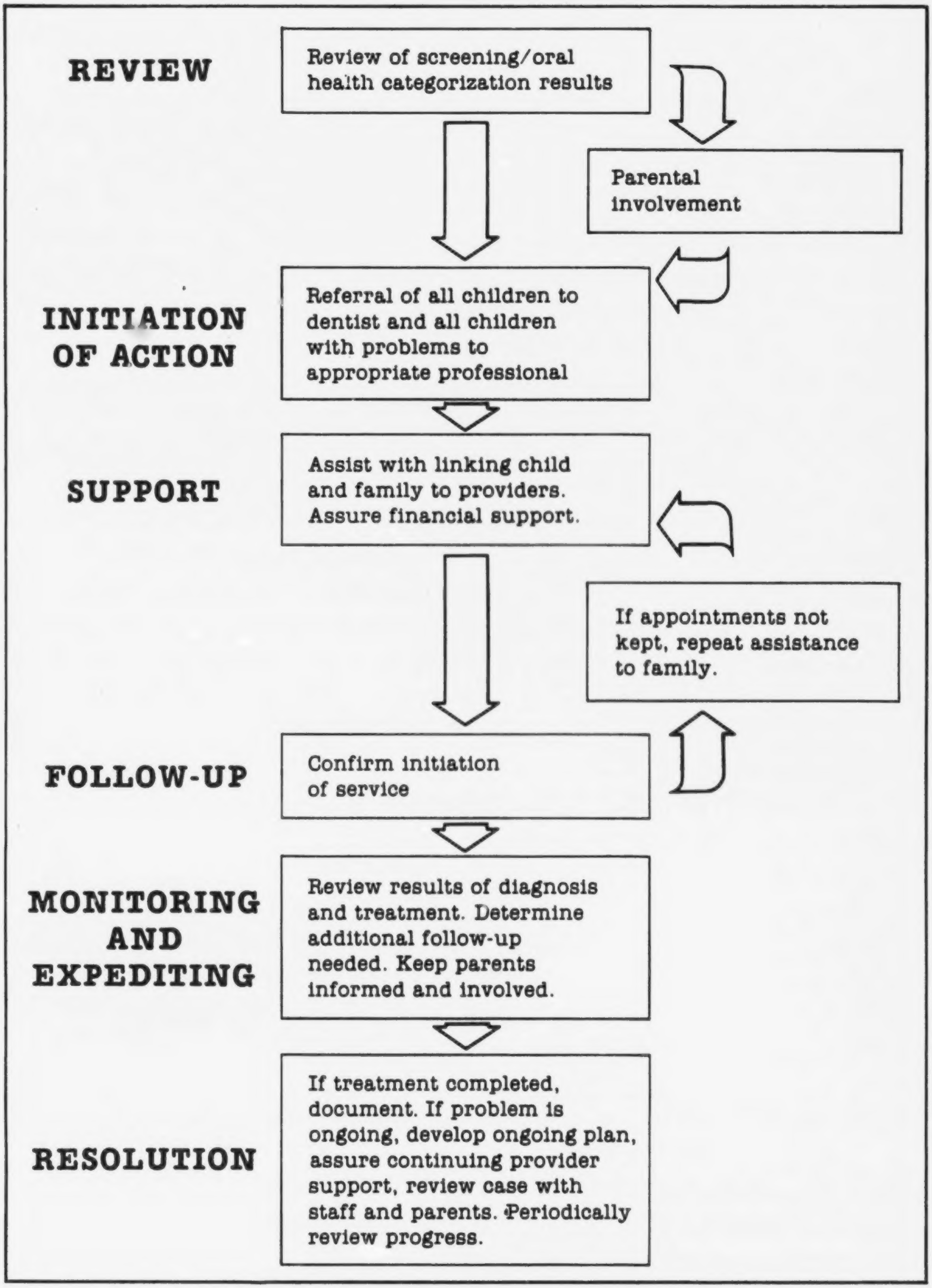
REVIEW
Review of screening/oral health categorization results
Parental involvement
INITIATION OF ACTION
Referral of all children to dentist and all children with problems to appropriate professional
SUPPORT
Assist with linking child and family to providers. Assure financial support.
If appointments not kept, repeat assistance to family.
FOLLOW-UP
Confirm initiation of service
MONITORING AND EXPEDITING
Review results of diagnosis and treatment. Determine additional follow-up needed. Keep parents informed and involved.
RESOLUTION
If treatment completed, document. If problem is ongoing, develop ongoing plan, assure continuing provider support, review case with staff and parents. Periodically review progress.

FIGURE IV-1. CASE MANAGEMENT PROCESS

activities, and a categorical assessment based on Head Start diagnostic criteria. A treatment plan should be recorded for each diagnosed condition, and treatments should be initiated in a timely manner after the child's entry into the program. Be sure that completed treatments are recorded for each condition by the end of the program year. Where treatments are not completed during the program year, there should be documentation of a system in place for continuing treatments.

Initiating Case Management for all Health Areas

Follow-up is not easy. The following practical suggestions may help you avoid snags and better understand how to proceed. The steps are presented in somewhat the order you might expect to carry them out:

ACTION STEP 1: CARRY OUT A REGULAR REVIEW OF THE HEALTH STATUS OF ALL CHILDREN TO DETERMINE WHEN FOLLOW-UP IS REQUIRED. Review should cover six basic areas: (1) initial intake information (health histories, previous health care documentation, etc.); (2) immunization status; (3) screening test results; (4) physical and dental exam findings; (5) developmental and nutritional assessments; and (6) results or outcomes of diagnosis and treatments. Your tracking system will help in this review. Reviews should be made perhaps every two weeks at the beginning of a school year and taper off to once every other month by the end.

ACTION STEP 2: ALERT CLASSROOM STAFF AND FOOD PREPARATION STAFF ABOUT ALLERGIES OR SERIOUS HEALTH PROBLEMS WHICH APPEAR IN THE HEALTH HISTORY. Some conditions to look for are:

- Severe allergic reaction to penicillin, novocaine, other antibiotics, aspirin, etc.
- Severe asthmatic attack or seizure conditions
- Severe allergies to animals, or to insect bites

- Other chronic health problems.
- An individualized emergency plan should be developed for children requiring special care.
- Allergies to specific foods.

ACTION STEP 3: FOR CHILDREN WHOSE IMMUNIZATIONS ARE NOT CURRENT FOR AGE, NOTIFY PARENTS AND ASSIST THEM IN MAKING ARRANGEMENTS TO OBTAIN SHOTS. FOLLOW UP TO DETERMINE THAT SHOTS WERE OBTAINED. When shots are complete, so indicate on child's record and on the data tracking chart or instrument.

There are some situations in which immunizations are not required to fulfill this Head Start standard. These include:

- The child has had the specific disease
- The child is allergic to the shot
- The parent will not give consent.

The first two situations must be accompanied by a physician's certification; the last by a parental consent form refusing their consent.

ACTION STEP 4: IF SCREENING RESULTS INDICATE A NEED FOR RETESTING, BUT IT IS OVERDUE, SCHEDULE IT AND SEE THAT IT IS ACCOMPLISHED IN A TIMELY FASHION.

ACTION STEP 5: If the physician's or screening provider's findings do not specify the follow-up action necessary after a screening test, HELP PARENTS MAKE ARRANGEMENT FOR A REFERRAL TO THE APPROPRIATE PROVIDER. However, if a physician has not reviewed screening findings, refer to a family physician for review and recommendation on the need for referral. The screening provider, local health department, or your HSAC may be able to advise you on which specialists are appropriate for referral for each type of problem. In some cases, such as positive results from tuberculin screening, state health policies specify the desired referral process.

ACTION STEP 6: ASSIST PARENTS IN FOLLOWING UP ON ANY PROBLEMS FOUND IN THE PHYSICAL EXAM. If the provider has not told parents what to do next, contact the provider by phone or letter requesting information relative to referrals for diagnosis and treatment or other disposition. If parents know what to do but have not taken action, remind them of the importance of it and help them overcome any barriers to care (e.g. transportation, etc). Request that providers send a copy of any referral forms directly to Head Start so that you can document that they have made a referral to a specific provider.

ACTION STEP 7: ASSIST PARENTS IN ARRANGING FOR TREATMENT OF ANY PROBLEMS FOUND IN THE DENTAL EXAMINATION. Determine if an appointment has been scheduled. If the parent has not been notified, make sure this is done. If the examining dentist will not be doing the treatments, make sure a provider is identified and payment is assured.

ACTION STEP 8: CONSULT WITH YOUR SCREENING PROVIDER AND/OR MENTAL HEALTH CONSULTANT ON APPROPRIATE FOLLOW-UP STEPS FOR DEVELOPMENTAL PROBLEMS. ASSIST PARENTS TO TAKE DESIRED ACTIONS FOR PROBLEMS IDENTIFIED IN THE DEVELOPMENTAL ASSESSMENT PROCESS. Follow-up might include activities such as:

- Referring the child and family to a community mental health center for further evaluating of the specific problem identified.
- Referring the child to a specialty clinic for an extensive physical/neurologic examination.
- "Case conferencing" the child to develop an individualized plan

Since the health provider's findings may be highly pertinent to the deliberations, it is helpful to hold conferences after the physical examination findings are available. In any event, physical causes for emotional/behavioral problems must be ruled out prior to referral for evaluation. Periodic follow-up to determine that plans are being followed is also the responsibility of the designated mental health coordinator.

ACTION STEP 9: MAKE SURE THAT ANY CHILD IDENTIFIED AS HAVING A POTENTIAL NUTRITIONAL PROBLEM IS FURTHER ASSESSED. Also give attention to the nutritional implications for children diagnosed with certain chronic illnesses (e.g., diabetes, kidney disease, etc.).

Data on the nutritional status of the child fall into two categories: (1) subjective -- information gained at intake interview dealing with eating habits, food likes and dislikes, typical diet, feeding problems, etc., plus Head Start staff observations; and (2) objective -- height and weight measurements (growth chart) and hemoglobin or hematocrit. The nutritionist may elect to do a more elaborate assessment of the child or develop a plan for monitoring the child's dietary intake and activities and provide counseling to the parents. Any plan set up for the individual child should be monitored for compliance.

If your program is presently without a nutritionist, the Health Coordinator may be given the responsibility of following up on potential problems under the guidance of the HSAC or local health department nutritionist.

Identifying Health Resources

When a referral is made to a specific type of health professional, it is necessary to determine first if the parents already have their own provider and whether financial support is needed. Several issues are involved in locating the most appropriate provider for diagnosis and treatment of health problems:

- Does the family need support services in locating a provider?
- Who will pay for the services? Is the child eligible under EPSDT? Should Head Start pay? Etc.
- Is transportation to and from appointments needed, or child care required?

In those cases where the children are not receiving services from a comprehensive provider, the screening provider will be able to recommend an appropriate provider who will diagnose Head Start children as necessary. Also, refer to your community resource file, your HSAC, and regional T/TA providers for help. When recruiting a new agency or professional to refer children to, remember to establish a working agreement or contract between them and the Head Start program to clarify the relationship. When you are trying to locate dental providers, try a private practitioner (perhaps a dentist that someone on the staff can recommend from his/her own experience) or perhaps your health department. Dental schools might also be a good source for dental exams and treatment, if there is such a school reasonably close to your area.

Funding for diagnosis and treatment services is also a concern. If a child is Medicaid-eligible, the EPSDT/Medicaid program is usually the most appropriate provider source because, under EPSDT, most services are paid for by the state. A determination must be made as to what EPSDT/Medicaid will or will not provide in a given state relative to referrals for specific diagnosis and treatment. For instance, does EPSDT/Medicaid pay for dental prophylaxis but not for speech therapy?

If the child is not Medicaid-eligible and the parents have no appropriate provider, review your community resource file, looking for one who is appropriate for the referral. Seek first those community resources which will absorb the costs of such diagnosis/treatment, or have sliding scale fees, considering always that Head Start funds should be the dollars of last resort.

Parents may also need special assistance in keeping an appointment, such as transportation, child care, etc. You will need to arrange for volunteers or staff to be available to provide such services. Follow up after appointment date to determine whether the appointment was kept and, if not, work with parents to arrange a new date and facilitate their keeping it.

Ongoing Monitoring

Once referral has been done and treatment indicated, obtain feedback from providers on treatment status and on what services Head Start staff can contribute toward ongoing problem management. Make sure treatment status is kept current in the child's health record and in any tracking instrument being used. Use this information to facilitate appointment keeping.

For some health problems, more often those of a chronic or long term nature, follow-up can best be developed by convening a case conference within the Head Start program. A case conference is a formal meeting of individuals with concern, information, and responsibility for a particular "case" (child or family). Their function is to discuss, share information and insights, and, where practical, make decisions relating to the health problems or issues involved and what services are needed. Previous actions taken on behalf of the child can be reviewed and changes recommended.

Conferencing should include more than just one or two persons. If it is limited to Head Start staff it is often referred to as "staff conferencing". If a set group of participants has been established for a specific type of conferencing, their meetings are generally called "team conferencing".

How does one know when a child should be "case conferenced"? This decision is largely a matter of judgment and experience. Some general guidelines as to when a case conference is desirable are given below:

- If the child's condition or treatment/medication regimen is likely to have an impact on normal classroom activities or limit the child's ability to participate or if it requires significant changes in program procedures or staff routines.
- If the child in question is handicapped or potentially handicapped.
- If the child or family is being actively worked with by several different community agencies.
- If you feel the case may involve child abuse or neglect (physical, emotional or sexual), case conferencing can be used to solicit others' observations and plan supportive actions, but great care should be taken to protect confidentiality and limit participation to those with a need to know. Of course, this does not remove your responsibility to report suspected abuse or neglect through the proper channels.

- If the child has multiple problems or needs, a joint action plan should be developed to avoid duplication of effort and cross purpose efforts.

Persons to include in a case conference will vary greatly, depending on the nature of the case and the types of information you need to draw upon. Professional members of your Health Services Advisory Committee are generally helpful in suggesting the desired participants for a particular problem to be conferenced. Parents should be included if the purposes of the conference are:

- To plan future appropriate services for the child or to make decisions relative thereto
- To obtain all available background data on a child's chronic problem and the most effective means the parents have learned for coping with it
- To interpret a diagnosis or treatment plan to the parents (as well as staff), with a view towards future planning.

Completing Follow-up

Follow-up for every child needs some form of resolution by the end of the program year. Even children with no identified health problems and with all preventive services up to date need to have this fact clearly noted in the health records, with a summary of their health status available to the parents and the school system if requested and with parental consent.

For the child with a health problem, the preferred resolution would be that all treatments have been completed and that the child has been returned to full health before leaving the program. This too would need to be documented and this fact included in a year-end summary.

However, some problems simply cannot be "cured", particularly in the limited time available to the Head Start program. Having already linked the child to an appropriate health provider, make sure the child is well into treatments with arrangements made for that treatment to be continued for as long as required. Implicit in this resolution is that a funding source has also been secured to support this treatment. Again, resolution requires documenting the actions taken and the provision of summary information that permits future responsible parties to pick up the child and insure continuity of needed services.

Here are the steps to take:

ACTION STEP 1: REVIEW EVERY CHILD'S HEALTH STATUS AT THE END OF THE PROGRAM YEAR AND MAKE SURE THE CHILD HEALTH RECORDS REFLECT THE SITUATION CURRENT AT THAT TIME. Update as necessary. All child health records should be reviewed at least twice a year.

ACTION STEP 2: FOR THOSE CHILDREN HAVING HAD IDENTIFIED HEALTH PROBLEMS AND FOR WHOM REFERRALS WERE MADE, REVIEW THEIR RECORDS CAREFULLY TO DETERMINE IF ALL INTENDED TREATMENTS AND OTHER ACTIONS HAVE BEEN ACCOMPLISHED AND PROPERLY DOCUMENTED. IF THE RECORDS ARE NOT CLEAR ON THIS MATTER, CONTACT THE PROVIDER(S) TO ESTABLISH THE PRESENT STATUS AND DOCUMENT FINDINGS.

Providers want to keep their own records on a child they are treating and some may feel that being asked to make additional entries in a Head Start form is an imposition. Usually a note or call to the provider's office will suffice to initiate some form of written confirmation. If written confirmation cannot be obtained, obtain verbal confirmation of status by phone. Record and note date and person contacted. The physician's report could identify the general class of disease or disorder for which treatment was provided, note the outcome of treatment and recommend future actions desirable to manage the conditions.

SHARING HEALTH INFORMATION WITH STAFF AND PARENTS

Up to now, we've been talking a lot about how to collect information: from the parents, from the immunization and other records, from results of screening, and from health care providers. Now we're going to talk about sharing information, a task that is just as important to the child's health as gathering information.

Sharing information is really a two-way street, as information goes back and forth among parents, program and providers (see Figure IV-2).

In order for parents to be involved in and take responsibility for their children's health care, they need information. The Head Start program needs to share with them what has been learned about their child's present health condition, the health services the child has received while enrolled in the program, and health services he or she still needs.

For non-health Head Start staff to serve children's educational needs, they also need to know and use certain health information. The teacher needs to know about the child's development, and about any emergency conditions the child may have. The bus driver also needs to be aware of these conditions and the cook needs to know about food allergies and preferences. A key part of sharing information is your recordkeeping system. Use it to remind yourself when to transfer information to other Head Start staff, parents, the health care providers, and the school system; to outline what information to share; and to suggest to the person receiving the information how he or she should follow up on it. Be sure to supplement your written communication with parents, staff, and providers with meetings, discussion groups, and telephone calls as necessary.

Balanced with the importance of sharing information is always the equally important need to maintain the child and family's privacy. Children's

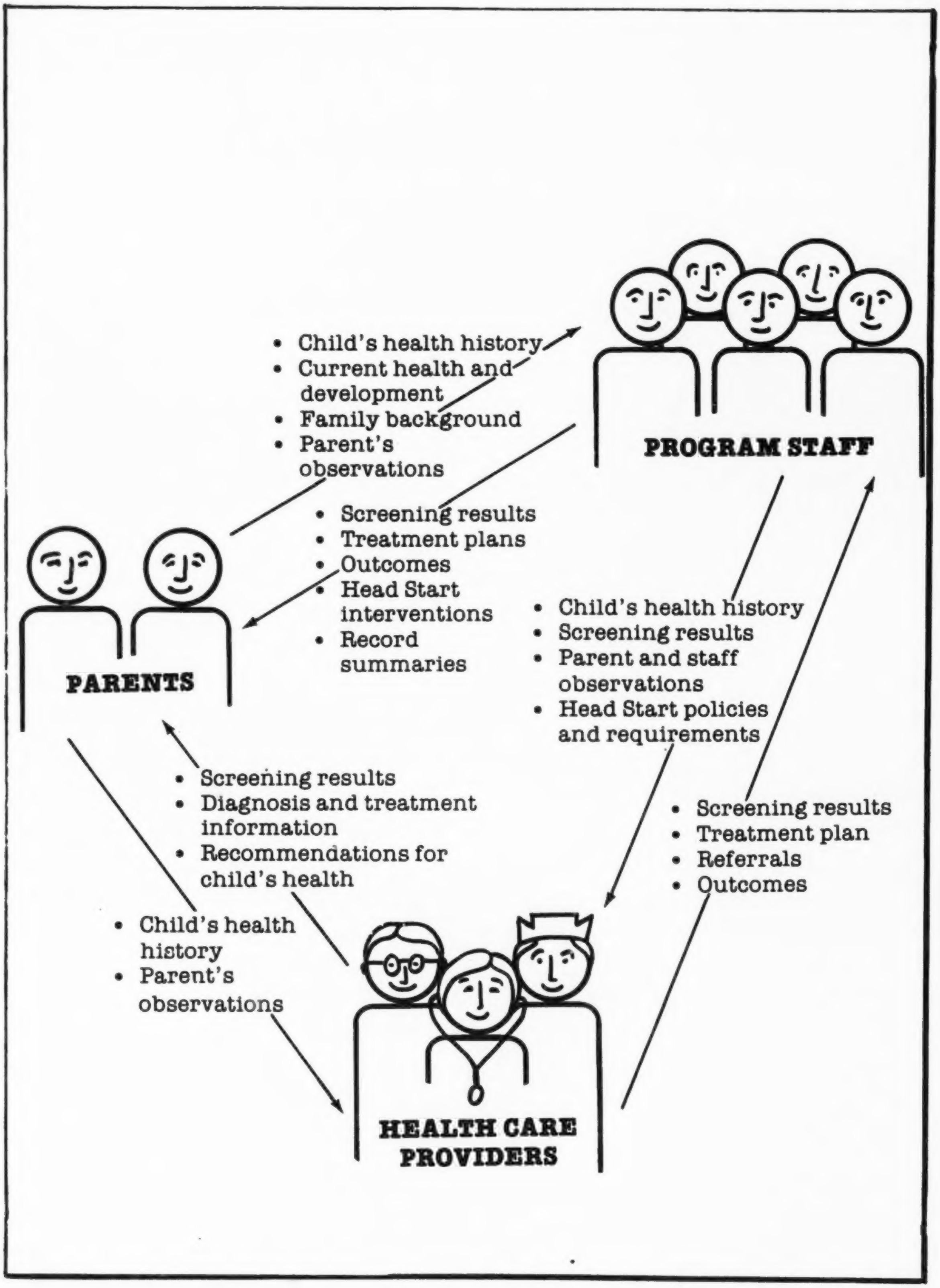
• Child's health history
• Current health and development
• Family background
• Parent's observations
PROGRAM STAFF
• Screening results
• Treatment plans
• Outcomes
• Head Start interventions
• Record summaries
PARENTS
• Child's health history
• Screening results
• Parent and staff observations
• Head Start policies and requirements
• Screening results
• Diagnosis and treatment information
• Recommendations for child's health
• Screening results
• Treatment plan
• Referrals
• Outcomes
• Child's health history
• Parent's observations
HEALTH CARE PROVIDERS

FIGURE IV-2. SHARING INFORMATION: EXAMPLES

health records must be kept confidential. Head Start Performance Standards specify that information from the child's record will be shared with consultants, teachers, and other program staff only on a need-to-know basis.

It should be stressed that parents need to receive information from Head Start, not only in a summary at the end of the year, but also along the way, as services are performed or problems are identified. When information is shared frequently and effectively, the services the child receives can be coordinated, needs can be identified and planned for, strengths can be identified and enhanced, and the parents can become involved in the child's health.

The end-of-year health summary can be an opportunity not only to communicate health status to parents when the child is leaving Head Start, but also to alert them to health problems which need further follow-up by them, and upcoming immunizations or checkups the child may need.

ACTION STEP 1: COMPLETE A YEAR-END HEALTH SUMMARY ON EACH CHILD AND GIVE A COPY TO PARENTS. A health summary should contain a brief listing of pertinent findings from the child's health history and staff observations. It should document what screenings and examinations the child has received. If problems were diagnosed and/or treated, this information should be noted, along with recommendations for future follow-up. The current immunization status is noted. Refer to Appendix H for a sample form.

ACTION STEP 2: DISCUSS SUMMARY WITH PARENTS AND OBTAIN THEIR CONSENT TO FORWARD IT TO THE SCHOOL SYSTEM OR NEXT SERVICE PROVIDER. INFORM PARENTS OF HEAD START'S ABILITY TO FORWARD HEALTH RECORDS TO OTHER PROVIDES SHOULD THEY WISH IT. When notifying parents that the program will forward health records to the school system and/or health provider for them if they give their consent, you can encourage families continued use of health services. Inform them that some information may be deleted prior to forwarding records to the school system or provider. This is a good way to reemphasize the need for regular preventive and sick care. If parents do not yet have a regular source of health care, you can suggest possible choices for them.

- NOW TURN BACK TO PART 1, PAGE 17, FOR A SUMMARY OF THE ACTION STEPS FOR PROVIDING HEALTH SERVICES.

- THE APPENDIX RELATED TO THIS SECTION IS APPENDIX H.

- IF YOU ARE DEVELOPING A HEALTH COMPONENT WORKBOOK, YOU MAY WISH TO INCLUDE:

  - SCHEDULE FOR PARENT INTERVIEWS AND ORIENTATIONS
  - CURRENT IMMUNIZATION SCHEDULE (IF NOT INCLUDED EARLIER AS PART OF PROGRAM POLICIES)
  - SAMPLES OF FORMS USED IN CASE MANAGEMENT (FOLLOW, REFERRAL, ETC.)

SECTION V

PROVIDING SERVICES FOR CHILDREN WITH SPECIAL NEEDS

The Child With Handicaps
Identification
Diagnosis and Assessment
Individualized Plan

Cultural Factors

The Abused or Neglected Child

Issues Relating to Guardianship

SECTION V

PROVIDING SERVICES FOR CHILDREN WITH SPECIAL NEEDS

THE CHILD WITH HANDICAPS

It is estimated that there are 190,000 handicapped children (aged 3-5) in the U.S. who are eligible for Head Start*. To help them get the special education and related services they need, federal law requires that at least 10 percent of the Head Start enrollment opportunities by state be made available to children professionally diagnosed as handicapped.

These children may be identified in various ways, either before or after their parents enroll them in a Head Start program. For purposes of reporting enrollment to the Federal Government, each handicapped child must have a categorical diagnosis. A categorical diagnosis is one of the ten Head Start categories of handicapping conditions (Diagnostic Criteria) which is given to a handicapped child by an appropriate licensed professional or team of professionals. A description of these categories, the Head Start Diagnostic Criteria, may be found in the current Annual Report on the Status of Handicapped children in Head Start Programs.

Head Start programs have acknowledged the unique and often complex nature of this area by assigning overall responsibility for handicapped children to a specific staff member (often called the Handicapped or Special Needs Coordinator). Some programs have a Health/Handicap Coordinator who is responsible for both areas. As with any other children, handicapped children have significant health needs as well as educational, social and emotional needs. Therefore, the Head Start staff member who has been designated coordinator of services for handicapped children and staff of all Head Start components, will need to cooperate and closely coordinate their work so that handicapped children receive integrated and complete services.*

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*"The Status of Handicapped Children in Head Start Programs: Eigth Annual Report of the U.S. Department of HHS..." 1981

This section is designed to give health staff a basic understanding of the Head Start handicap mandate and an overview of the procedures involved in identifying and serving children with handicaps in the Head Start program. The section also suggests some ways in which health staff may be able to assist other program staff in carrying out this important mandate.

Note: A series of eight manuals, "Mainstreaming Preschoolers" has been prepared to assist teachers and other staff to assist in mainstreaming a child with a specific handicapping condition. See Bibliography, Section V.

Identification

Head Start programs use different methods to identify and recruit children with handicaps. Direct outreach and referral agreements with health and social service agencies may be effective in enrolling already diagnosed children in the community. Head Start health staff can be instrumental in helping to arrange referral agreements with health agencies to facilitate enrollment of the more severely and multiply handicapped child. Other handicapped children may be identified only after they have been enrolled. Screening and examination results, parent interviews and observations by classroom teachers or other Head Start staff are some ways of identifying children who need special services because of handicapping conditions.

ACTION STEP 1: SUPPORT THE DESIGNATED STAFF member(s) coordinating inservice training to incorporate observation skills and sensitivity to possible handicapping conditions as part of the inservice training program for all Head Start staff.

ACTION STEP 2: OFFER ASSISTANCE to the appropriate staff designated to handle outreach in planning and evaluating recruitment and outreach techniques for locating handicapped children.

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*"What does P.L 94-142 mean to Head Start", DHEW Publication No. (OHDS) 79-31109 specifies the provisions of the law which assures that all handicapped children have a free appropriate public education and the law's implication for Head Start.

- Support your program in requesting training and technical assistance in these techniques from your Resource Access Project (RAP).

- Work with Handicap Coordinator and other appropriate staff to initiate referral agreements with local health agencies (e.g., Crippled Children's Services) wherever possible.

- Assist the Handicap Coordinator and other staff as needed to establish contact with child outreach projects ("Child Find") at the regional level. Discuss how the regional agency can help your local program in its handicapped effort, and vice versa. For example, regional projects need information and planning input from local Head Start programs, and Head Start programs need funding information and help in recruitment from regional child outreach projects.

Diagnosis and Assessment

Once a suspected handicapping condition has been identified in an enrolled Head Start child, the next step is to make a diagnostic referral to an appropriate licensed professional or preferably an interdisciplinary diagnostic team of professionals, usually external to the Head Start program. Since an interdisciplinary team can offer a more comprehensive look at all aspects of the child's condition, or primary and secondary conditions, it is helpful to identify and use such a team in diagnosis, particularly in suspected cases of mental retardation, emotional disturbance or learning disability.

Interdisciplinary professional diagnostic teams are already formed in many communities, often located in university hospitals, Crippled Children's clinics, or specialty clinics in local health departments. They evaluate the extent of the child's developmental problem and what the cause of the problem may be.

ACTION STEP 1: ASSIST THE HANDICAP COORDINATOR IN LOCATING A PROFESSIONAL DIAGNOSTIC TEAM in your area, for example, at a University Affiliated Facility (UAF). Do they have the capacity to handle some or all of the diagnostic referrals from your Head Start program? Your regional handicaps T/TA provider will be able to help if there is difficulty in finding such a team.

If no such team exists in your area, children may need to be seen by diagnosticians in different fields, particularly in cases of suspected mental retardation, serious emotional disturbance, speech impairment or learning disability. Designated Head Start staff should be active in monitoring the procedures involved especially when individual diagnosticians are not already functioning as a team.

ACTION STEP 2: THE PROGRAM SHOULD BE SURE TO CONTACT THE STATE BOARD OF EXAMINERS or Licensing Board (usually located in the State Health Department) to verify that the diagnostician(s) selected have the appropriate licensure to practice and make diagnoses in your state.

ACTION STEP 3: YOU MAY BE ABLE TO ASSIST THE HANDICAPPED COORDINATOR IN DEVELOPING SIMPLIFIED FORMS for diagnosticians/diagnostic teams to use in reporting back to Head Start on individual children referred to them. Providers should be oriented to Head Start reporting requirements, diagnostic requirements, and the need for a functional assessment (see the Recordkeeping Section).

ACTION STEP 4: SUPPORT YOUR PROGRAM IN DEVELOPING WRITTEN CONTRACTS OR AGREEMENTS, spelling out what is expected from the professional diagnosticians and from Head Start.

ACTION STEP 5: Health Coordinator, Handicapped Coordinator, Social Services Coordinator or other appropriate staff should MEET WITH INDIVIDUAL PARENTS to discuss diagnostic referrals and to obtain informed consent for referral and release of information.

ACTION STEP 6: WORK WITH OTHER STAFF TO ENSURE THAT INDIVIDUAL CHILDREN ARE REFERRED FOR DIAGNOSTIC EVALUATION to appropriate professionals or teams.

In addition to a professional diagnosis, the diagnostician(s) should provide a categorical diagnosis (one of the ten categories of handicapping conditions), a functional diagnosis or assessment, and recommendations for Head Start and home activities. A functional assessment is a written description of the child's strengths and weaknesses in important skill areas.

ACTION STEP 7: THE HANDICAPPED COORDINATOR SHOULD OBTAIN SIGNED CATEGORICAL DIAGNOSIS, functional assessment,and recommendations from the diagnostician or diagnostic team.

ACTION STEP 8: THE FUNCTIONAL ASSESSMENT, on which a child's individualized plan is based, SHOULD BE DEVELOPED by the diagnostician(s), Head Start program staff and the child's parent(s). This will ensure that all of the following are considered:

- The diagnostician's written functional assessment
- Written observations of the child made by Head Start teachers, consultants or other program staff
- Parents' observations and ideas about their child as an individual and as a member of the family, and parents' expectations of the program.

Head Start health staff may be in a special position to assist the designated Handicap Coordinator in making certain that a particular categorical diagnosis is an appropriate one. Health Staff should work with the Handicapped Coordinator and share their ideas about the referral. Be sure that the health implications of children's handicaps are considered. Health staff have a special role to play with the health-related special needs of handicapped children, with children with a primary diagnosis of health impairments, and in assuring that handicapped children's general health needs are met.

One of the best ways for programs to get comprehensive input, participation and cooperation from different professionals in reviewing the facts and planning for the needs of handicapped children is to have a special team to carry out these responsibilities. The team provides a mechanism or structure which facilitates an integrated rather than a fragmented approach.

The team may be called a diagnostic team, handicaps planning committee, certification team, or comprehensive developmental team. The team should include both

- Internal providers: coordinators (or other staff members) from Head Start components and the child's parent(s)
- External providers: non-Head Start professionals from various disciplines or specialties (for example, medicine, education, social work, psychology, pediatrics, neurology, orthopedics, speech therapy).

At a minimum the team should involve the classroom teacher, the Handicap Coordinator, the Health Coordinator, the child's parent(s), the appropriate professionals providing the categorical diagnosis, and the physicians or clinicians who will be designing classroom and home activities/supervising activities at an out-patient clinic and providing follow-up treatment and special services. The membership of the team may vary at different meetings, depending on which child is being discussed and what the issues are. Such a team allows program staff to:

- Share information about all aspects of the child
- Make sure everyone involved is working in the same direction
- Update or revise the individual plan, based on the child's changing needs
- Keep parent(s) and classroom teacher informed of the child's progress and involve them in planning activities.

ACTION STEP 9: THE HANDICAP COORDINATOR OR DIRECTOR SHOULD HOLD A MEETING to orient appropriate internal Head Start staff and consultants to the concept of the combined diagnostic or handicapped services team. Use letters, telephone conversations, and/or contracts to orient outside providers.

ACTION STEP 10: THE HANDICAPPED COORDINATOR WILL NEED TO REQUEST INFORMED CONSENT from parents to conduct observations of selected, individual children by consultants.

ACTION STEP 11: MANY PROGRAMS HAVE FOUND IT HELPFUL TO REQUEST APPROPRIATE HEAD START STAFF/CONSULTANTS TO CARRY OUT OBSERVATIONS; reports should be obtained from staff/consultants who have completed observations of individual children.

Remember that this combined team is intended to supplement rather than replace existing community resources (the professional diagnostic team) for diagnostic evaluation.

Individualized Plan

This is an action plan which is worked out in a meeting of the combined diagnostic team with the child's parent(s). To enable parents to participate meaningfully in the process, it is helpful to have them meet beforehand with a representative of the Head Start program, to discuss the various findings, voice their concerns, and be told about the upcoming "case conference" and the various professionals who will also participate. The role of the Health Coordinator in these meetings will vary by program. The information below is intended to provide an overview of the steps that have been found helpful in carrying out this process in many regions.

ACTION STEP 1: Several weeks beforehand, it is suggested that PARENT(S) RECEIVE A WRITTEN INVITATION to the case conference (diagnostic team meeting), including a request that parents meet with a Head Start representative for orientation prior to the conference. A written notice of parents' rights may be included; a sample notice is provided in Appendix H.

ACTION STEP 2: A DESIGNATED STAFF PERSON WILL THEN CONVENE A MEETING of the diagnostic and planning team. At the first meeting, the team will usually:

- Review all information collected
- Determine the child's special needs
- Make the following decisions:
  - Is the child handicapped according to Head Start criteria?
  - If so, is Head Start an appropriate placement to meet the child's needs?

The Head Start definition of handicapped children excludes those with correctable conditions who do not need special education or related support services or children who will not require services additional to those which Head Start programs regularly provide. Note also that "No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program experience would prove detrimental to the child."*

If it is decided that the child is to participate in Head Start and receive special services, the team will proceed to develop an individualized plan which will:

- Translate functional assessments into long-range goals and immediate objectives.
- Design strategies for meeting the objectives, including those to be carried out by the parents/family, by all Head Start components, and by other community agencies.
- Specify follow-up: persons responsible, action required of them and the target dates for each action.

ACTION STEP 3: It is suggested that, approximately every three months, the designated staff person CALL A TEAM MEETING to review each child's progress and evaluate his/her individual plan. Redesign the plan as needed. The Health Coordinator may be of assistance especially in developing approaches to the health related special needs of handicapped children and assuring that the children's general health needs continue to be addressed.

Program Example

To illustrate how this somewhat complicated process can work, we have listed below the steps in a referral process that has been used successfully by several Head Start programs. This example reflects a case which is picked up through observation by classroom staff:

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*The Status of Handicapped Children in Head Start Programs: Seventh Annual Report of the U.S. Dept. of HHS.." (February 1980).

1) A Staff Person SPOTS A CHILD who may be having problems in the classroom.

2) The Teacher GIVES THE CHILD'S NAME to the Center Director and discusses her concerns.

3) The Center Director GIVES THE CHILD'S NAME to the Head Start Director (referrals may also come to the Head Start Director from Central Office staff based on observations and screenings).

4) The child is REFERRED by the Head Start Director TO THE APPROPRIATE CENTRAL OFFICE STAFF PERSON for follow-up. Those children needing further discussion are referred to the Handicap Coordinator.

5) A "STAFFING" IS SCHEDULED at the center by the Handicap Coordinator.

6) All personnel involved with the child ATTEND THE STAFFING. The parents are invited to attend.

7) A DECISION IS MADE at the staffing as to whether the child needs a comprehensive evalution, further observation by a consultant or some other treatment. A suggested form for the IEP Staffing Report may be found in Appendix H.

8) Those children requiring EVALUATION BY A PROFESSIONAL DIAGNOSTIC TEAM ARE SCHEDULED by the Handicap Coordinator with assistance from the Social Service Worker in contacting the family and filling out the appropriate forms.

9) Children requiring MEDICAL EVALUATION ARE SCHEDULED by the Head Start Nurse.

10) After the evaluation is completed by the professional team, an INTERPRETATION OF THE TEST RESULTS is scheduled with parents, the team and Head Start staff. The Educational Specialist presents an Individualized Educational Plan (IEP) for the child which is discussed with the family for their approval. The Handicap Coordinator begins working with the family on a Home Program.

11) The Educational Specialist DISCUSSES THE IEP with the child's teacher and together they set up Short Term Objectives for the child.

12) An Individual Educational Plan recording sheet is placed in the classroom so the teacher can KEEP A RECORD OF THE CHILD'S PROGRESS and the number of times she is able to work with the child.

13) When the child is proficient at the activities he is working on, the teacher, educational specialist, Educational Coordinator,

Handicap Coordinator, and parent DISCUSS THE EDUCATIONAL PLAN and provide more activities to meet the child' goals. This review is conducted at least once every 3 months.

CULTURAL FACTORS

Head Start serves many children from different cultural backgrounds for example, those who come from the different cultural or language backgrounds common among Head Start families. In order to take cultural characteristics into account in planning and providing services, health staff need to learn as much as they can about the various cultures represented. Familiarity with and respect for the health beliefs and practices of others enables us to anticipate and avoid potential misunderstandings and to communicate better.

The large number of cultures within American society and their great diversity makes it impossible to discuss them individually in this manual. Naturally, the cultural characteristics of each Head Start programs's population are unique.

program to meet the needs of culturally diverse groups and to foster the child and family's cultural and ethnic pride.

ACTION STEP 1: SPEND SOME TIME READING ARTICLES AND BOOKS which discuss the cultural and health practices and attitudes of groups represented in your Head Start program. Many such materials can be found in your local library (see reference list in the Bibliography). Find out what disease means to different ethnic groups, what disorders they recognize, how illness is related to other aspects of their culture.

ACTION STEP 2: CULTIVATE AND SHOW YOUR RESPECT for the different cultural characteristics of children and families in Head Start. Nutrition activities and nutrition education provide an excellent opportunity for this. For example, you could ask parents to share their recipes and food preparation techniques with the Head Start cook. Children can learn about nutrition in the classroom through examples of ethnic foods. Refreshments for parent education meetings or for special occasions may be chosen in cooperation with parents and can feature recipes from different cultures.

ACTION STEP 3: Be sure to ARRANGE FOR THE PARTICIPATION of bicultural, bilingual staff and volunteers in all aspects of the program to communicate with parents in their primary language and assist in individualizing services.

ACTION STEP 4: Help ARRANGE FOR STAFF from ethnic backgrounds different from the families they serve TO PARTICIPATE in cross-cultural orientation session(s) as part of inservice training. The orientation should encompass all components of Head Start. Health staff as well as parents could contribute to planning and presenting the session(s), using examples of traditional health practices, foods, etc. It may be helpful to train all staff in "multiculturalism in a child development program" using trainers and parents, who reflect the cultural backgrounds of all families the children in the program.

ACTION STEP 5: When arranging for medical, dental, mental health or nutritional services for Head Start children, LOOK FOR CULTURALLY SENSITIVE AND WHEN POSSIBLE BILINGUAL/ BICULTURAL PRACTITIONERS. Particularly in the area of mental health, and often in matters relating to the handicapped, cultural background influences the referral process, how people identify problems, and the working relationship between the mental health or other provider and the family. Therefore, if at all possible, refer children to a counselor or other qualified professional of the same race and language. Such a person will find it easier to pick up on the aspects of behavior that are most significant to the child's parents. Where the health care provider is not of the same ethnicity as the patient, close cooperation among the family, Head Start staff and the professional provider can help interpret relevant cultural values and roles.

ACTION STEP 6: IF SPECIFIC HEALTH BELIEFS AND PRACTICES SEEM TO BE HARMFUL, FIND WAYS TO WORK AROUND THEM. You are unlikely to change traditional attitudes and behavior by directly attacking them. This does not mean that you should pretend enthusiasm for what you believe is harmful. Try to learn more about the practices, and if anyone asks you what you think, discuss the matter objectively rather than emotionally. If you encourage and praise certain traditional health practices, your silence about others will tell people you are not enthusiastic about these.

THE ABUSED OR NEGLECTED CHILD

Children who suffer because of abuse or neglect are also children with special needs. Child abuse is found to occur throughout all socio-economic groups. Federal Head Start Bureau policy instructions, published in February 1977, define child abuse and neglect as "harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare."[1] The policy on child abuse and neglect applies to all Head Start programs, and "reflects the overall goal of Head Start which is to provide comprehensive developmental services to meet the basic needs of each child and encourage the best possible development."[2] In addition, all Head Start programs are subject to state laws, and therefore Head Start staff must get to know those laws as well as the federal Head Start policy on child abuse and neglect. In some states, if an employee of a preschool program fails to report a suspected case of child abuse/neglect, he or she is subject to strong penalties, even civil liability for damages.* Head Start is required to report all instances of suspected abuse or neglect, whether state law requires preschool programs to do so, or only permits it.

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[1] Federal Register, Vol. 42, No. 17 - Wednesday, January 26, 1977, page 4971

[2] A Self-Instructional Text for Head Start Personnel: Child Abuse and Neglect, Head Start Bureau and Children's Bureau, Dept. HEW (October 1977, page 10.

National policy requires Head Start Directors to appoint a staff member to coordinate child abuse and neglect activities in each local program. In some programs, the Health Coordinator has been given these responsibilities; in others, a staff member from social services or another component has been asked to assume them. Health staff in all programs have an ongoing role to play in this area -- that of a skilled observer and advocate.

Health staff can recognize and help other staff to recognize the physical signs of child abuse or neglect. Besides the medical aspects, an awareness of the nutritional implications can be valuable. A malnourished child, for example, may have been denied food or had food limited to him/her in some way. When taking health histories or assisting in physical exams, health staff should also be alert for health problems which are clues to possible child abuse or neglect, such as a failure to thrive and develop at a normal rate. In states with mandatory reporting laws, the person who observes the signs of suspected abuse is legally responsible for reporting; that is, if the incident were reported to the Head Start Child Abuse Coordinator, who then failed to make the official report, the original observer would still be responsible.

Head Start programs are not meant to be treatment agencies for abused or neglected children. One of the most common barriers to helping families with abuse or neglect problems is the "rescue fantasies" of staff. In order to help these families, it is crucial that you view the whole subject as objectively as possible. Remember that many abusive parents were themselves abused as children; they may also have unrealistic expectations of their children's capabilities and lack knowledge of normal child development patterns. Many child abusers are not psychotic or severely emotionally disturbed. They are often people who have problems coping with stressful situations or have maladaptive ways of dealing with and disciplining their children.

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* Ibid., page 79 and Early Childhood Programs and the Prevention and Treatment of Child Abuse and Neglect, Children's Bureau, OHDS 79-30198.

Although the primary target population for Head Start services is other than identified victims of child abuse and neglect, there is a clear recognition by Head Start of a responsibility to children and families in the program who are experiencing such problems. This recognition is expressed in the Head Start Policy Instructions published on January 26, 1977 (42 Federal Register 4971).

The role of Head Start in the prevention, identification and treatment of child abuse and neglect is articulated in the Policy Instructions. Head Start is not, nor is it intended to become, a primary treatment agency for child abuse and neglect. At the same time, as a comprehensive, interdisciplinary child and family development program, Head Start is a provider of significant preventive services. Head Start programs are required to cooperate with child protective agencies and, if certain conditions pertaining to State law are met, to identify and report known and suspected child abuse and neglect. Head Start programs are also required to designate a staff person to be responsible for various child abuse and neglect duties and to provide orientation and training to parents and staff on the identification and reporting of child abuse and neglect. In recognition that Head Start services may be essential in assisting families with abuse and neglect problems, Head Start programs are expected to make every effort to retain in their programs children who allegedly have been abused or neglected.

The publication of the Head Start Policy on child abuse and neglect provides guidance to programs in dealing with suspected child abuse and neglect. It does not establish a new program within Head Start but rather it is intended to provide direction and awareness of the child abuse and neglect services that are implicit in the established program performance standards.

As an example of how Head Start can contribute to the prevention of child abuse and neglect, consider the case of one Head Start program in which staff became aware that a teenage brother of a Head Start enrollee had been told to leave home and fend for himself. Since Head Start has a concern for and mandate to assist the family, staff can intervene in such a situation to help the parent(s) keep the family together and explore alternative solutions to family problems. Intervention at that point may have helped the preschool child to avoid becoming a "throwaway" or runaway child when he/she is older. Head Start's emphasis on parent involvement and parent education is aimed at helping parents be more competent and knowledgeable. If this goal is achieved even partially, the Head Start program will be performing a valuable role in child abuse prevention.

The following suggestions are intended to help you perform an advocate role in your Head Start program in the area of child abuse and neglect. Refer to the bibliography of this Manual for references which can offer you additional guidance.

ACTION STEP 1: EDUCATE YOURSELF about the problem of child abuse and neglect. Obtain a copy of the applicable state and local laws from your local Head Start Director, or from the staff coordinator for child abuse/neglect activities. If your program does not have a copy of these laws, you may request one from the local social service agency or law enforcement agency. Your state and local laws concerning child abuse and neglect will specify:

- The local agency in each community which is legally responsible for dealing with cases of child abuse and neglect. Local or state departments of social services and/or law enforcement agencies are the usual types of agency which are designated by law to receive reports.

- The abuse and neglect conditions which are to be reported.
- Who must report cases of child abuse or neglect.
- The reporting procedure.
- The sanctions (penalties) for not reporting suspected cases of child abuse.

ACTION STEP 2: ENCOURAGE YOUR HEAD START PROGRAM to formulate its own child abuse and neglect policy and procedures. Find out from Head Start Director or staff coordinator for child abuse/neglect activities whether your program has a written policy in this area. If no written policy has been adopted by the local Head Start Policy Council, encourage the Head Start Director to consider the matter. The policy should address:

- Reporting procedures
- The role of the Head Start Child Abuse Coordinator
- Relationship with other related community agencies and treatment resources
- Informing parents of the report
- Parent and staff training

ACTION STEP 3: REMIND YOUR FELLOW STAFF MEMBERS OF THEIR RESPONSIBILITIES IN THIS AREA. Discuss in-service training and parent education sessions on child abuse and neglect with the staff who have the responsibility for planning and conducting sessions. Head Start should provide yearly orientation for staff and parents in these areas, including:

- Identification and reporting of child abuse and neglect (for staff)
- Prevention and protection for abused and neglected children (for parents).
- Provision of a supportive environment that encourages parents to seek help when they experience problems.

ISSUES RELATING TO GUARDIANSHIP

Parents and children in a guardianship situation are another group in Head Start with special needs. This includes all children who are not under the care of their biological parents: adopted children, foster children, and children whose parents leave them with friends or relatives, but without transferring legal guardianship to them.

The needs and problems generated by these special parent/child situations are emotional and social. They cut across all Head Start program components. For example:

- A foster or adoptive parent may have little knowledge or experience in parenting and need to learn about normal child growth and development.
- An adoptive or foster child's emotional and psychosocial needs may show up as health problems, such as unusual eating patterns (e.g., adoptive parents may complain that a child "steals" food, because she won't eat during regular meals and takes food from the refrigerator when the family is asleep).
- Staff may have difficulty obtaining legally acceptable consent forms when children are living with adults who do not have legal guardian status.

The role of health staff in relation to these children and their guardians is to be alert to their special needs and the kinds of problems that children (as well as their guardians) can experience when living with adults other than their natural parents. You can also be a resource person. Remain sensitive to the extra help that biological parents of other children in the program may also need to develop coping and parenting skills.

Here are some suggestions for dealing with guardianship issues:

ACTION STEP 1: At the beginning of the program year, staff should IDENTIFY which CHILDREN are living with adults who are not their biological parents. The legal guardian's signature must be obtained on:

- Informed consent forms for authorization of all health services provided
- Medical emergency information cards
- Written consent for transfer of a child's health records to a health care provider, school system or other agency.

ACTION STEP 2: SET UP SPECIAL PROCEDURES for obtaining and sharing health information with the appropriate parties. When a child is in a foster home, both the foster care agency (which is the legal guardian) and the foster parent may need to get essential health information about the child. Sit down with the agency worker assigned to the child and discuss what kind of information sharing network will be used and how health history information will be obtained from the child's previous caretakers. When a child is being cared for by friends or relatives under an informal arrangement, the information about the child's health status and services may need to be given to both the natural parents and the informal guardians, depending on whether the arrangement is semi-permanent and long-term or temporary.

ACTION STEP 3: Staff responsible for the mental health education program (whether health or social service component staff) can ASSIST CHILDREN AND THE FAMILIES IN DEVELOPING THEIR COPING SKILLS by locating special books or lesson plans and building a unit on different family structures into the class curriculum. (See the Bibliography for suggestions.)

ACTION STEP 4: In addition to the regular parent education sessions, OFFER ALL ADOPTIVE OR FOSTER PARENTS EXTRA COUNSELING or parenting education (either individually or in a group) and an opportunity to discuss any special parenting problems. Staff from all components should work together to plan such sessions, in order to meet these parents'specific needs.

ACTION STEP 5: Head Start mental health staff/consultants may be able to ASSIST CHILDREN AND THE FAMILIES INVOLVED in anticipating and coping with the stress of transition from biological to foster to adoptive placements and vice versa. Coordinate with the responsible agencies to plan appropriate activities (i.e., home visits, extra encouragement or individual attention for child, etc.).

* * *

- NOW TURN BACK TO PART 1, PAGE 19, FOR A SUMMARY OF THE ACTION STEPS FOR PROVIDING SERVICES FOR CHILDREN WITH SPECIAL NEEDS.
- THE APPENDIX RELATED TO THIS SECTION IS APPENDIX H.
- IF YOU ARE DEVELOPING A HEALTH COMPONENT WORKBOOK, YOU MAY WISH TO INCLUDE:
  - A DESCRIPTON OF THE OUTREACH AND REFERRAL PROCEDURES USED BY YOUR PROGRAM FOR CHILDREN WITH SUSPECTED HANDICAPS
  - YOUR PROGRAM'S CHILD ABUSE AND NEGLECT POLICY

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SECTION VI

MAINTAINING HEALTH RECORDS FOR HEAD START CHILDREN

Child Specific Recordkeeping And Tracking System

The Individual Child Health Record

The Tracking System

Case Management and Recordkeeping
Using Records in Case Management
The Problem-Oriented Approach

Establishing Confidentiality

Records For Children With Handicaps: Developing a Diagnostic File

SECTION VI

MAINTAINING HEALTH RECORDS FOR HEAD START CHILDREN

CHILD SPECIFIC RECORDKEEPING AND TRACKING SYSTEM

A well-maintained recordkeeping system is essential to the accomplishment of Health Component goals. Thus the maintenance of a health recordkeeping system is mandated in Head Start Performance Standards.

The health record system consists of three basic parts: a set of records on the health of each child (the individual child health record), a summary record which tracks services provided to all children (the tracking system), and summaries of individual child health records which are prepared by the program for the child's family. In addition, records should be kept on the health of the family and on any accidental injuries occurring to children during program activities.

In order to be useful, such a system must be easy to use, accurate, comprehensive, up to date, and confidential. It can serve a number of functions:

- Preserving results of screening, diagnosis and treatment in a centralized location so that:
  - Information about specific problems is easily retrieved.
  - A problem can be reviewed in relation to others identified.
  - Changes in a child's health status can be observed at a glance.
  - Special needs are documented.
  - Duplication of effort can be prevented because persons handling the child's problems are clearly identified.
  - Case management is made easier because plans and follow-up are recorded for each problem.

   - Information on all problems for each child is compiled in one place and is readily available to appropriate staff.

- Enhancing staff's understanding of each child and communication among staff about the children.

- Increasing accountability with regard to parents, professionals, and providers.

- Providing a record of program activities in case of legal action.

- Furnishing information for the national office.

The chart shown in Figure VI-1 describes the basic parts of a Head Start health record system in more detail. There are three major steps in setting up or revising any part of this system:

ACTION STEP 1: DETERMINE NEEDS - of the Health Component and other components for information about each child; for compiling reports such as the Program Information Report (PIR) or for a program review; and for evaluating the health program. The basic needs for information are spelled out in the Performance Standards.

ACTION STEP 2: SELECT FORMS - to use in collecting the information. Standard forms called the Child Health Record and the Health Data Tracking Instrument have been developed and will be distributed by ACYF. These may be adapted to meet specific program needs.

ACTION STEP 3: ADOPT GUIDELINES - for maintaining the records which state how the records will be stored, who will have the responsibility for maintaining them, who will have access to the records, and how and when they will be transferred to the school system. These guidelines should be developed with the help of the HSAC. Refer to Performance Standards, Head Start policies, and Transmittal Notices.

Now let's consider some specific aspects and issues of Head Start health records.

MAJOR COMPONENTS	DESCRIPTION	EXAMPLES	GUIDELINES ENSURING DOCUMENT MAINTENANCE	PERSONS WITH MAJOR RESPONSIBLITY
I. Individual Child Health Record	All important information concerning a child's medical, dental, mental health, nutrition history, screenings, diagnosis, and treatment.	Child Health Record	Folder not accessible to unauthorized persons	• Health Coordinator and others responsible for the Health Component
a. Special Reports	Diagnostic evaluations by providers and/or consultants, documentation of mental health services, assessments of special needs children, services provided, recommended activities.	• Mental Health Reports • Diagnostic Evaluation Reports (Functional & Categorical). • Consultant Service Rpts.	• Keep in the individual child's health record.	Health Coordinator, Handicap Coordinator, and others responsible for the Health Component
b. Anecdotal/ Progress Reports	Follow-up reports on handicapped children; developmental, behavioral, and/or medical observations.	• Teachers'observations and teachers'anecdotal records • Health staff progress notes.	• May be kept in an administrative folder. • Maintained in the education folder for each child. • Written and maintained on progress notes in child health record	Education Staff and Head Start Director
c. Consent/ Permission Forms (See Appendix H)	Parents have overall responsibility for their child's health care. Always obtain their written consent or permission before the events in the next column.	• Medical emergencies • Transport to provider • Release of child's record from provider • Forwarding child's records to school and/or provider • Permission for diagnostic evaluation	• Keep in individual child child health record	Social Services Coordinator, Health Coordinator, and Handicap Coordinator
II. Tracking System	Summarizes information from individual child health records; used for scheduling appointments, providing follow-up services, and compiling program status information for ACYF.	• Health Data Tracking Instrument • Tickler File (See Figure VI-2)	• Tracking instrument may be kept at Center for children there. Program copies may be kept at central office. • Keep tickler file at Head Start Center for easy reference.	Health Coordinator and health workers/ aides
III. Health Summaries	• Give a summary of the child's health record to the parents annually as a written account of the child's current health status. • Forward summary or a copy of child's health record to school (with parental permission) to ensure continuity of health services.	• A health summary for parents • Handicap Program Termination Summary	• Prepared, explained & given to parents. • Summary to school shared with parents and parental consent given prior to release to schools.	Health Coordinator and/or health workworkers, Handicap Coordinator, and Social Services Coordinator

FIGURE VI-1. THE HEALTH RECORDKEEPING SYSTEM

THE INDIVIDUAL CHILD HEALTH RECORD

The individual child health record contains information to assist you in arranging for comprehensive health care for each child. It must be carefully maintained for each Head Start child, and should contain the following information:

- Identifying information, including the child's name, parents' names, addresses, home and work telephone numbers and Medicaid eligibility
- Name, address, and telephone number of a relative or neighbor to be called in an emergency
- Name, address, and telephone number of the child's physician and dentist (if available) or other source of health care *
- Individual* and family medical history
- Immunization history*
- Screening results*
- Physical examination results* and evaluation*
- Family* and developmental history*
- Dental history*, exam results and treatment information*
- Dietary assessment* nutrition history* and food habit information* - including food allergies
- Parental consent forms*
- Progress notes
- Diagnosis and treatment plans, completed treatment*, follow-up*
- Daily medications, if any*
- Source of payment for service*
- Recommendations to the child's home and to the Head Start Center.

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* required by Performance Standards

ACTION STEP 1: You are encouraged to use the Child Health Record distributed in Information Memorandum 82-03 beginning fall 1982. This form has been designed to ensure that it contains all required information.

ACTION STEP 2: PROVIDE STAFF TRAINING on the use of the Child Health Record. Make sure that responsibility for keeping the record(s) up-to-date is clearly assigned to appropriate staff.

As screenings are completed, results should be entered in the health record; this information is easily transferable to an adequate bookkeeping or tracking system.* Information on referral and follow-up care should be recorded as soon as these efforts are initiated, and the record must be updated as soon as results are available. The record should summarize health findings completely but concisely as determined from the history, screening tests, and medical evaluation and should record all preventive measures in a way that clearly shows which recommended preventive measures have not yet taken place.

The EPSDT program, for which many Head Start children are eligible, uses its own state-mandated forms for recording screening (and sometimes treatment) results. In most cases, these forms are adequate for Head Start purposes also. However, Head Start may need more information from providers than EPSDT. Contact your local or state Medicaid Agency to discuss forms and information exchange. Review the handbook "Recipes for Success: Head Start and EPSDT", available from the Government Printing Office, for a further discussion of the issues involved. (See Bibliography.)

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* Ideally, specific numerical results can be useful, but it is not always practical that the Head Start program have such information on file. However, it is expected that where such information is not on file in Head Start, it is available from the provider of services upon request by the parent.

THE CHILD HEALTH RECORD IS A LEGAL DOCUMENT WHICH MAY BE SUBPOENAED BY A COURT OF LAW. THE DATA ENTERED INTO IT MUST BE FACTUAL AND STATED IN A NON-JUDGMENTAL MANNER WHICH DEMONSTRATES RESPECT FOR THE CHILD AND FAMILY.

THE TRACKING SYSTEM

The bookkeeping or tracking system is a handy way to summarize information on the screenings, immunizations, and examinations each child receives so that you can quickly see what services a child has had and which are left to be done. It is the essential document to enable you to follow up effectively on children's needs. It should also help you compile the statistics required by the Program Information Report (PIR) on the number of services received (immunizations, screening tests, and evaluations), on problems identified, and on treatment received.

ACTION STEP 1: REVIEW YOUR PROGRAM'S TRACKING SYSTEM (sometimes called health control sheets) to make sure that it captures all physical, dental, mental health, and nutrition screenings, diagnosis and treatment and special services which must be monitored during the program year. Your system should enable you to tell at a glance the service status of a group of children (or children and parents/family in the case of PCCs and CFRPs). You are encouraged to replace your current tracking forms with a system called the Health Data Tracking Instrument which has been developed under the sponsorship of the national Head Start Bureau. These forms have been designed to ensure that they contain all needed information.

ACTION STEP 2: PROVIDE STAFF TRAINING on the use of the system. Make sure that responsibility for keeping the system up-to-date is clearly assigned to appropriate staff.

ACTION STEP 3: REVIEW THE SYSTEM REGULARLY, ensuring that information is up to date and recorded regularly on the individual child health records.

CASE MANAGEMENT AND RECORDKEEPING

Case management is the process by which:

- Each child's health status is reviewed after screening
- Appropriate diagnosis is secured when indicated
- Treatment is prescribed, implemented, monitored and revised by providers, parents and Head Start
- Families are linked into ongoing health care systems and helped to acquire the skills to use that system and manage their own health care.

Using Records in Case Management

Case management thus includes the functions of referral and follow-up and depends on a thorough, up-to-date recordkeeping system. As it relates to the record system, case management may be thought of as the day-to-day use and maintenance of the system once it has been established. Use of the recordkeeping system involves the following basic steps:

ACTION STEP 1: COLLECT THE SUBJECTIVE AND OBJECTIVE INFORMATION to establish your data base.

- Make sure all health history forms, observation forms, etc., have been properly filled out for all children/families.
- Request the return of physical/dental examination forms and screening results from providers.
- Request copies of diagnostic reports that may have been completed on the child prior to entry into Head Start.
- Make sure all data are recorded accurately on the Child Health Record and tracking system.

ACTION STEP 2: ORGANIZE AND REVIEW THE DATA so as to form initial impressions. Inform and interpret to parents the screening results, etc.

ACTION STEP 3: DOCUMENT ANY ACTIONS ALREADY TAKEN.

ACTION STEP 4: PLAN for tasks to be accomplished, dates of follow-up, persons responsible. Note this information in a tickler file and tracking system. See the worksheet (Figure VI-2) for guidance on setting up a tickler file.

ACTION STEP 5: REFER CHILD AS NECESSARY TO HEALTH CARE PROVIDER, CONSULTANT, OR OTHER APPROPRIATE RESOURCE, AFTER OBTAINING PARENTAL CONSENT.

ACTION STEP 6: FOLLOW UP TO OBTAIN REPORT on health services or other special services provided.

ACTION STEP 7: RECORD FOLLOW-UPS on tracking system and tickler file.

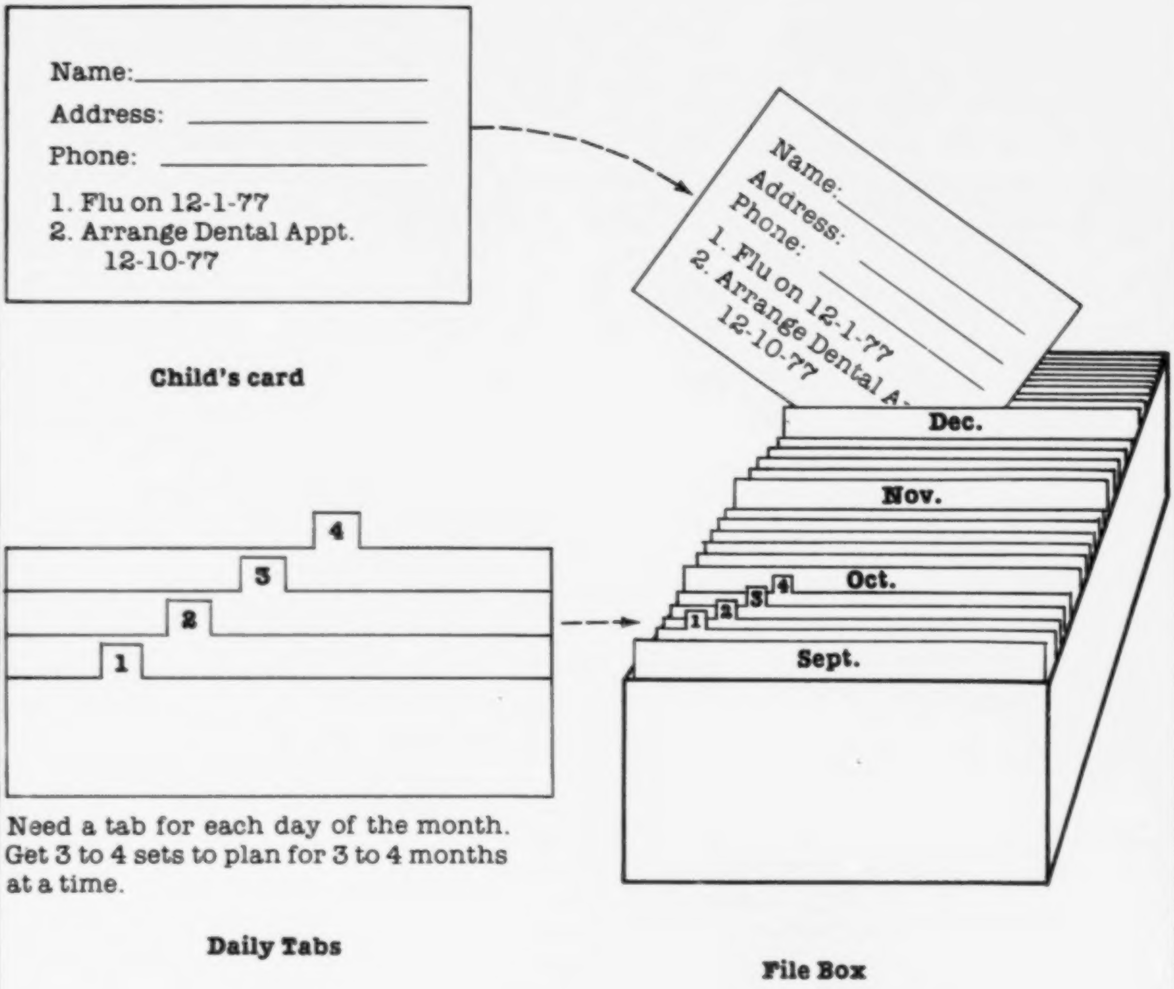
ACTION STEP 8: INTERPRET TO PARENTS the results of these further services.

ACTION STEP 9: SHARE INFORMATION with other staff as needed. If needed, conduct a case conference to assess the child's problems/needs and plan for future steps.

ACTION STEP 10: SUMMARIZE THE CHILD'S HEALTH RECORDS in writing for parents and the next service agency/school (with parental permission). If necessary, conduct a case conference to orient the next service agency to the child's needs and the services already provided through Head Start.

The Problem-Oriented Approach

Although not a "must" to facilitate case management through your recordkeeping system, you may want to consider incorporating elements of a "problem-oriented" recordkeeping system. A problem-oriented approach has been included in certain parts of the national Head Start Bureau Child Health Record. The basic parts of the problem-oriented approach are the problem/need list and the progress notes section. The problem/need list is a cumulative list of all problems and needs identified relative to the child. It becomes the table of contents for the record, showing which problems and needs have



Name:____________________

Address: ____________________

Phone: ____________________

1. Flu on 12-1-77
2. Arrange Dental Appt. 12-10-77

Need a tab for each day of the month. Get 3 to 4 sets to plan for 3 to 4 months at a time.

A tickler file is a system designed to "tickle" your memory about something which needs to be done for a particular child at a specific time. It helps you follow up and track children on a timely basis.

Enter plans for each child on a 4 x 6 in. card with the child's name, address and phone number. Insert cards in a box behind the appropriate monthly and daily tabs.

When the planned activity is completed, remove the card from the box and staple it to the child's record to use again for another activity. If there is more than one activity on the child's card, file it behind the **first** date; after the first activity is completed, move the card to the next date.

FIGURE VI-2. TICKLER FILE

have been identified and which ones are being worked on by which staff. Each problem or need is dated (date it was identified) and given a code number for cross-indexing with the progress notes:

Problem/Need List

DATE	CODE #	PROBLEM/NEED
8/1/77	(1)	Rash

In your listing of identified problems/needs, do not hesitate to use general terms, such as "daily headaches", in the problem/need list until you have additional objective evidence or subsequent physician evaluation that may change the problem/need to a diagnosis, i.e., "viral infection". Label a problem using descriptive words. Avoid making diagnoses.

The problem/need list is always subject to revision. As we follow problems, they are modified when new data are collected and the child's condition changes. For example, a problem was identified and labelled "rash with fever and cough". The doctor diagnosed it as measles. You would relabel the condition as being measles, as shown below:

Problem/Need List

DATE	CODE #	PROBLEM/NEED
8/1/77	(1) Rash with fever and cough	- 8/3/77 measles

This tells the reader that upon further validation, the illness was diagnosed as measles.

Once a problem/need list is made, the next step is the documentation of subjective and objective data, actions taken relative to the problems/needs, and plans for resolving each problem/need. These are recorded in the progress notes.

Progress notes describe changes in the problems/needs we have listed for each child. They should be documented with sufficient clarity to permit:

- A clear outline of the problem and a clarification for the staff members of what is being done for each problem under consideration
- Tabulation of data acquired to document the course of disease and to document problem and need processes
- Periodic and meaningful auditing of the record in order to track care provided and to define more clearly the educational and health needs of the child
- The monitoring of other issues which may be defined by the staff as important.
- Accountability for follow-up responsibilities.

In the progress notes, enter some information about the problem. Structure progress notes to record subjective and objective data, actions taken and plans. Each person making an entry must sign the entry. If someone else is responsible for following-up, this person shold be identified.

You will find a sample format for progress notes in Figure VI-3. The column headings have the following meanings:

- Subjective Data - This records how the individual feels - what he/she has noted about his/her progress, problem situation or needs. It can be the feelings of the child, mother, teacher, etc., but feelings expressed to the writer. Hence, it is data that were not observed by the writer, but that were provided the writer by another individual.
- Objective Data - Included under this heading are measurements of physical, behavioral, physiologic and laboratory parameters, observations made by the writer or on report by a trained observer or professional such as a nurse practitioner, laboratory technician, etc.
- Assessment (or Impression) - This records the writer's assessment of findings, impressions or conclusions.

PROBLEM-ORIENTED PROGRESS NOTES

DATE	CODE NO.	PROBLEM/ NEED	SUBJECTIVE DATA	OBJECTIVE DATA	ASSESSMENT	PLANS
8-1-77	1	Rash	Mother states child developed rash last night and didn't believe child was too ill to go to center.	Temp. 102°. Runny nose; cough. Rash over entire body.	Telephone Mother and encouraged her to take child to physician. Mother agreed to take child to Dr. H. Smith.	Follow-up to determine diagnosis. L. Link
8-3-77	1	Measles	Dr. Smith's report indicates child has measles.		Teachers notified.	Determine children who have not been immunized and notify parents of measles exposure. Encourage parents to seek immediate protection for non-Head Start siblings and those not immunized. At a later date, arrange for regular measles immunization of those who did not develop the disease.

FIGURE VI-3. SAMPLE FORMAT FOR PROBLEM-ORIENTED PROGRESS NOTES

- Plans/Disposition - Enter immediate and long-range plans to deal with the problem or need. Also note whether these plans are in progress or completed through such phrases as "under treatment", "treatment completed'.

ESTABLISHING CONFIDENTIALITY

Maintaining confidentiality is a significant issue in managing the recordkeeping system. In order to be useful to health workers and individual children, the health records may contain a large amount of information which is confidential. Such information should be released only to those people who need it in their work with the child or to monitor/evaluate the program. However, because of the significant amount of parent involvement and communication with families in Head Start and the extensive reliance on communication among various staff members and professionals, it is very important for each program to develop guidelines to ensure that the information collected is stored, released, and transferred is such a way that the child's and the family's privacy is protected. The Head Start Director has an administrative responsibility to identify those staff persons who have need of health record information.

Here are some steps to take to maintain appropriate confidentiality while ensuring the necessary flow of information in order to deliver needed services and avoid duplicating services.

ACTION STEP 1: DEVELOP A POLICY ON CONFIDENTIALITY which specifies who will have access to which information, and how the information will be collected. Some of this policy can be displayed on an "accessibility roster" which shows which staff normally have a "need to know". An example of such a roster may be found in Appendix H. Place a cover sheet on each child's health record which will require that anyone who has access to the record must sign in, put the date, and state the purpose for using the file.

ACTION STEP 2: INCLUDE THE CONFIDENTIALITY POLICY IN PRE-SERVICE AND IN-SERVICE TRAINING FOR STAFF AND VOLUNTEERS. Remind staff and consultants to choose their language carefully when writing reports or other information which will be included in a file (this may require staff training.) Some tips on recording appear below.

ACTION STEP 3: ORIENT PARENTS TO THEIR RIGHT OF ACCESS to their child's file. Inform parents when the information is collected that it will not be released to other agencies without their written consent. Develop consent forms which include the name of the person or institution to whom the record is to be released, the date when the consent form expires, or a statement of how many times the record can be released, and the signature of the person allowing the information to be released.

ACTION STEP 4: DECIDE WHICH INFORMATION WILL BE USEFUL to the school system as children are transferred to school, and develop a system for transferring the information (including preparing consent forms for parents to sign). Maintain classroom observations on a separate form, and do not transfer them as part of the health record when the child leaves the program.

ACTION STEP 5: KEEP THE COMPREHENSIVE RECORDS IN A LOCKED FILE. Summary emergency cards should be kept readily available in the classroom with the emergency consent form. Determine how long to keep records. For most purposes, three years, or until the next auditing period, will probably be a sufficient length of time; however, some grantees will wish to microfilm the records and keep them for a much longer period if so counselled by their legal advisor.

Tips on Recording

In recording, one should be aware of the following:

- Record only that information which will be used to assure continuity of care. A record is a tool to use as a guide.
- A child's records are open to parental perusal upon request. Hence, it might be wise to make a careful evaluation of sensitive details before entering them in the child's folder.

RECORDS FOR CHILDREN WITH HANDICAPS: DEVELOPING A DIAGNOSTIC FILE

Recordkeeping for children with handicaps poses some special concerns due to the special needs and the increased complexity of delivering and monitoring service to them. In order to assure appropriate tracking of these children, you may find it helpful to establish a core diagnostic file for handicapped children, in addition to the records routinely kept for all children. The diagnostic file concept represents a cumulative record which should be established for each child with a handicapping condition. The three elements of a diagnostic file are:

1) A Categorical Diagnosis

   One of the ten categories of handicapping conditions identified in the Annual Head Start Handicaps Survey Questionnaire, which is assigned to a handicapped child by an appropriate diagnostic provider or diagnostic team. It is usually related to the factor(s) causing or contributing to the condition and is used for statistical reporting purposes. The Head Start program's funding levels for services to handicapped children are related to the aggregate numbers of children who have received categorical diagnoses. In relation to this usage categorical diagnoses need not be included in the child's record, nor linked to the individual child in any way. Diagnostic evaluations should be conducted if possible by an interdisciplinary team with consideration given to the cultural and ethnic background of the child.

2) A Functional Assessment (also less accurately termed a Functional Diagnosis)

   A description of the child's strengths and weaknesses in each of the developmental areas, such as motor, cognitive, language, self-help, and social-emotional abilities. The functional assessment should be viewed as a dynamic situation that may change as the child develops. It is desirable for both diagnosticians and program staff and parents to participate in developing the functional assessment.

3) An Individualized Educational Plan (IEP)

A plan of action developed by an interdisciplinary team which includes Head Start staff and the family, which states long- and short-term goals and modes of intervention adopted to realize them. It should include child-specific classroom activities, materials and equipment which are appropriate to both the strengths and weaknesses of the child and the capabilities of the Head Start program and community. Home activities and parental interventions should be described. The individualized plan is dynamic and should be reviewed frequently and changed as goals and objectives are met or as the child's condition or situation changes.

In many Head Start programs, a Handicapped Specialist has been given primary responsibility in this area, including recordkeeping. In such cases, close cooperation is needed between this specialist and the Health Coordinator and health workers, since the health staff typically receive and process screening and diagnostic reports and other health records critical to the handicap effort. The "how-to" steps below are for the person with prime responsibility for handicaps recordkeeping.

ACTION STEP 1: PROVIDE SIGNED PARENTAL CONSENT FORMS, MEDICAL AND DEVELOPMENTAL HISTORY, SCREENING RESULTS, AND OTHER PERTINENT DATA TO THE DIAGNOSTICIAN IN PREPARATION FOR THE DIAGNOSTIC EVALUATION. Make sure the diagnostician understands the Head Start Handicap Effort. Provide him/her with a copy of the diagnostic criteria. Also, communicate the need for his/her input into the functional assessment and development of a plan for working with the child in the center and at home.

ACTION STEP 2: OBTAIN DIAGNOSES from the diagnostician or evaluation team. This include the provider's diagnosis, the categorical diagnosis and functional diagnosis or assessment. (See sample forms, in Appendix H.) File the information in the grantee's central office.

ACTION STEP 3: RECORD THE FUNCTIONAL ASSESSMENT which should describe the child's strengths and weaknesses in the following skill areas:

- gross motor
- fine motor
- visual-motor

- self-help
- social-adaptive and emotional
- language/communication
- cognitive.

The functional assessment should include contributions from parents and staff as well as the diagnostician.

ACTION STEP 4: RECORD THE CERTIFICATION of each child as handicapped or not according to Head Start mandate, as well as an estimate of the appropriateness of Head Start placement.

ACTION STEP 5: RECORD THE INDIVIDUALIZED EDUCATIONAL PLAN (IEP). The plan should be developed by a team consisting of parents, Head Start staff, and providers, and should consider:

- Services to be provided in various settings
- Medication
- Transportation
- Diet
- Therapy
- Modification of facilities
- Limitations/restrictions
- Other agency involvement
- Counseling
- Materials/equipment
- Home practice and training
- Follow-up (by whom, when and where).

Recommendations for classroom activities for the child should include:

- Long-term goals

- Short-term goals

- Educational materials/equipment

- Specific suggestions for ways in which the parent and home environment can support the classroom and child.

ACTION STEP 6: INSTRUCT STAFF IN PROCEDURES FOR KEEPING PROGRESS NOTES. In concurrence with Center Director, decide which staff members are responsible for recording progress notes. Check records on regular basis to see that proper progress notes are being made.

ACTION STEP 7: REVIEW THE IEP PERIODICALLY to determine the plan's effectiveness and to update the functional assessment. Staff progress notes, observations, and descriptions of treatment provided by other agencies will be helpful in determining the child's progress and need for revising the plan. Encourage parents to participate in case review and revision of the plan. Include in the diagnostic file a summary of case reviews and changes in the plan. (See sample form for this purpose, in Appendix H.) The first review should take place no later than three months after the initial plan development. Depending on the nature of the case, it is useful to review most handicapped cases every month or two.

ACTION STEP 8: WRITE THE TERMINATION SUMMARY. (See form in Appendix H.) When a child leaves the program after having been identified as handicapped, staff should prepare a statement which includes:

- Review of results of evaluation (include categorical diagnosis and functional assessment)

- Goals of the IEP

- Significant progress notes

- Results of any reevaluation

- Recommendations for future planning and follow-up.

ACTION STEP 9: After obtaining parental consent, SEND RECORDS TO PUBLIC SCHOOL OR AGENCY providing subsequent care or educational program for the child.

* * *

- NOW TURN BACK TO PART 1, PAGE 20, FOR A SUMMARY OF THE ACTION STEPS FOR MAINTAINING HEALTH RECORDS.
- THE APPENDIX RELATED TO THIS SECTION IS APPENDIX H.
- IF YOU ARE DEVELOPING A HEALTH COMPONENT WORKBOOK, YOU MAY WISH TO INCLUDE:
    - COPIES OF FORMS USED IN YOUR RECORDKEEPING SYSTEM
    - YOUR PROGRAM'S CONFIDENTIALITY POLICY

* * *

SECTION VII

PROVIDING HEALTH EDUCATION FOR CHILDREN, STAFF, AND PARENTS

Establishing an Integrated Health Education Program

Team Planning of The Health Education Schedule For The Year

Completing Development of The Health Education Curriculum
Curriculum Content and Teaching Methods
Lesson Plans

SECTION VII

PROVIDING HEALTH EDUCATION FOR CHILDREN, STAFF, AND PARENTS

Health education is at the core of the Head Start program and philosophy. It is the joint responsibility of health and education professionals. Parent involvement staff are especially concerned with and involved in parent health education. Because it deals with mental health, nutrition, dental health, self-image, peers, and health care providers, it is interdisciplinary and requires a systematic approach. Health education is not a separate curriculum, but rather influences the basis and style, and should be considered on integral part, of other content curricula used by the Head Start Education Component.

Health education is the process that bridges the gap between health information and health practices. It is intended to motivate behavior through which improved health is achieved. In the Head Start setting, health education is the process designed to help young children, Head Start staff, and parents to know and to care enough about themselves that they follow positive health practices. This involves supporting a positive self-image for all parties, providing correct health information that is integrated with other Head Start educational activities, and supporting the parents' and Head Start staff's own health and growth. All this must be done in a manner sensitive to the cultural values and desires of the parents.

To instruct and encourage children, staff, and parents to take increasing responsibility for their own health, health education must:

- Be nonjudgmental and based upon respect for the learner's experience so as to foster greater trust and caring for self.
- Be an experience in which the learner participates fully rather than merely a formal lecture situation.

- Be cooperatively developed with the help of all staff and parents. This is because people tend to support what they themselves create.
- Be closely tied into the purposes and activities of all Head Start components and guided by behavioral objectives.
- Use the resources of the staff, the children and the community in ongoing participation.
- Recognize that a health problem has personal behavioral, physical, cultural, and possibly economic aspects. A complete program must address several aspects simultaneously.
- Be reinforced over time by all staff members, both as part of classroom activities for the children, and part of orientation and ongoing staff training and parent involvement sessions.

Performance Standards require that health information on each of the health areas be communicated through a health education program with emphasis on coping skills, preventive and positive daily health practices, safety and sanitation, and preparation for health services (screenings, etc.). To assist you in meeting these requirements, this section will focus on how a health education program is set up and managed, rather than on sharing a collection of lesson plans or classroom activities. Publications which provide suggestions for such activities are listed in the Bibliography.

ESTABLISHING AN INTEGRATED HEALTH EDUCATION PROGRAM

Health education for children, parents, and staff, though done in different settings with somewhat different methods, is best carried out as one unified program. For example:

- Parents can be reached by extending classroom activities into the family setting.

- Setting positive examples for children and parents provides an important health education experience for staff members.

To illustrate this point, and to offer a model that may help you in your own health education programming, a set of health education program objectives for each of the health areas is presented in Appendix G. Figure VII-1 shows one example. These basic objectives are aimed at helping children, staff and parents to take a more positive approach to responsibility for their own health. The model shows how health education for children can be interrelated with that for parents and staff.

Here are the beginning steps involved in establishing your health education program:

ACTION STEP 1: REVIEW YOUR COMMUNITY HEALTH AND HEAD START FAMILY HEALTH STATUS PROFILES. Identify, on the basis of these profiles and of input from the HSAC, the priority health education areas for the coming year.

ACTION STEP 2: Using these priority areas and Performance Standard requirements, DEFINE GENERAL HEALTH EDUCATION OBJECTIVES FOR CHILDREN, STAFF, AND PARENTS in all health areas (medical, dental, mental health, nutrition) and in safety/ first aid.

Objectives define what we expect the child, parent, or staff to learn and how we would like to see them act. The objectives for all three groups of learners should be interrelated, and should be stated in terms of observeable behaviors so that you will be able to evaluate later whether the objectives have been accomplished. This type of objective is called a behavioral objective. See Figure VII-1 for examples.

ACTION STEP 3: DEVELOP AN INITIAL LIST OF LEARNING EXPERIENCES FOR EACH OBJECTIVE.

Learning experiences are activities which support the objectives or provide opportunities to learn and practice new behaviors. For example, if an objective is for children to demonstrate removal of dental plaque by

MENTAL HEALTH/FAMILY LIFE

Children

1) Know that it is healthy and normal to express feelings
2) Know that feelings are to be expressed in ways that are not dangerous nor traumatic to themselves or others
3) Know that everyone has feelings and everyone needs to have opportunities to express them
4) Understand "sameness and difference" (both physical and role) and learn to function with all kinds of people
5) Learn they have abilities by experiencing success in daily activities and thereby develop self confidence
6) Learn that they are part of a family and group
7) Be aware of their bodies and respond appropriately

Staff

1) Provide effective developmental assessment
2) Recognize and support importance of secure home base
3) Recognize that so-called aberrant behavior is normal reaction to strange situations
4) Provide psychologically safe environment for children and staff and parents
5) Model positivism and acceptance
6) Be aware of own attitudes concerning family, emotional expression, cultural differences, sexual curiosity of children
7) Develop partnership with parents, using resources of home

Parents

1) Develop skills in observing children's feelings and needs
2) Recognize importance of secure home base
3) Develop ongoing relationships with Head Start program and community health care providers
4) Develop self confidence through participation

FIGURE VII-1. EXAMPLE HEALTH EDUCATION PROGRAM OBJECTIVES

brushing, then appropriate learning experiences might include:

- A special demonstration about looking into their mouths and using a toothbrush.
- Group brushing regularly after lunch and snacks.

The activities should support a positive self image and be consistent with the motor skills and developmental level of the children and the educational level and knowledge of adults.

ACTION STEP 4: WITH THE TEAM, DEVELOP A HEALTH EDUCATION CURRICULUM OUTLINE FOR THE YEAR based on the behavioral objectives and learning experiences.

A complete curriculum is a set of learning experiences, with specific lesson plans, in step-by-step order which is based on the learner's needs. At this point, however, you will want only to prepare an outline which lists all the learning experiences within each objective and put them in a logical order.

ACTION STEP 5: DISCUSS THE CURRICULUM OUTLINE WITH THE HSAC, COORDINATORS FROM OTHER COMPONENTS, AND TEACHERS who have not been evident in the original drafting effort with the team. Make sure the outline is compatible with their plans and priorities for the year. Get their recommendations for learning experiences. Incorporate any appropriate suggestions they may have. An outline of objectives and a description of the health education program will make up the health education portion of your health plan.

ACTION STEP 6: REFINE THE LEARNING EXPERIENCES WITHIN THE CURRICULUM. Analyze what knowledge and behaviors are involved in achieving the desired health outcomes or health status (e.g., in order to have healthy teeth, one behavior involved would be brushing teeth regularly).

In looking over each of your objectives, determine whether it indicates:

- a need for information
- the learning of new behaviors

- support/reinforcement of previously learned behaviors.

Different learning experiences will be appropriate depending on the type of need.

TEAM PLANNING OF THE HEALTH EDUCATION SCHEDULE FOR THE YEAR

Health education in Head Start programs requires teamwork among the health, education and parent involvement, coordinators, parents, the classroom teachers and aides, the special needs staff, the mental health specialists, and the nutrition staff. Teamwork is especially needed in planning the schedule for health education activities. Working together can have the following advantages:

- Development of a total united program rather than a piecemeal one that simply responds to immediate needs
- Use of all relevant resources that can be drawn upon by advance planning: staff, parents, home, and community.
- Feedback, a sense of accomplishment, and efficient use of staff time. With advance planning the staff can respond creatively. This is better for staff morale and easier than having to think and rethink programs under pressure.

Scheduling of health education activities depends on how important and how complicated the learning is as well as on when the needed resources will be available -- educational and medical expertise, staff time, supporting materials and facilities. Some facts must be presented to the staff before the program begins, while other information can be presented as feasible throughout the year. For example, basic concepts about hygiene --washing hands before eating or after the toileting -- need to be introduced at the very beginning and reinforced all through the year. Getting ready to go to a health care provider will be taught before the visits occur. Accident prevention subjects may change with the seasons. The timing of some activities depends upon being able to build from one idea to another, while other activities can be scheduled whenever it is most convenient. Health and education staff must work closely together to balance these different considerations in planning the health education schedule.

Sample schedules for children, parents and staff are presented in Figures VII-2, -3, and -4 respectively to assist you in this important task. They are intended to suggest one way of organizing health education throughout the year. Your own topics will reflect your community's priorities and your health education objectives. Note that a range of methods--written materials, dialogue, mini-lectures and demonstrations, film and slide presentations, role playing games and exercises -- are suggested and that a certain amount of redundancy is built into the program. This is because lasting learning takes time and repetition in various media.

In a Head Start program with good staff communication, every encounter can be an opportunity for exchange. Opportunities for health education activities arise spontaneously during daily classroom and mealtime activities. As often as possible, health education concepts should be conveyed and supported by activities which simultaneously meet other objectives of the Head Start program. The challenge is especially acute for home-based program staff to use the resources of the home and the specific situation to support the learning of positive health practices.

ACTION STEP 1: BEFORE THE END OF EACH PROGRAM YEAR, NOTIFY APPROPRIATE HEAD START STAFF that you will need their assistance in planning a realistic schedule for health education during the following year.

ACTION STEP 2: DEVELOP THE HEALTH EDUCATION SCHEDULE well in advance of the beginning of the program year to which it applies. It may be most efficient for health staff to develop an initial

CONTENT AREA	TOPICS FOR CHILDREN									
	AUG	SEPT*	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Growth and Development		Measure selves; start book.							Plant seeds to observe growth process.	Measure selves.
Recognizing and Dealing with Communicable Diseases		Hand washing.	"Colds"	Feeling well.	Exercise; rest.	Feeling sick.	Getting better.			
Immunization Schedules			Health care providers.	Role play; inoculation.						
First Aid Emergency Plans		Fire drill.			Fire drill.			Fire drill.		
Safety		School safety.	Street safety.	Playground safety.	Fire safety.	Home safety.	Emergency safety.	Child's first aid.	Being lost, safety.	
Nutrition		Daily food experiences and projects.	"Snacks" for fun and health.	Helping in the kitchen.	Parties and Holiday Specialties.		Food colors, textures, tastes and smells.	Feeding small pets.	Field trip to the market.	Food preparation.
Emotional Health, Family Life			Who Am I?			Families.		Feelings and emotions.		
Dental		Toothbrushing Visit dentist.	"Snacks"							
Community Resources										
Special Needs										
Health History Documentation		Start book.								Finish book.

*September activities are foundation upon which rest of year's lessons are based.
"Book" is scrapbook recording tests, episodes of illness, birthdays, heights and weights.

FIGURE VII-2. ANNUAL HEALTH EDUCATION SCHEDULE FOR CHILDREN

CONTENT AREA	TOPICS FOR PARENTS									
	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Growth and Development	Distribute manual with simple "mission statement", list of community resources with phone numbers, list of health care services to be scheduled, tentative list of parent activities and tear sheet for response.	Height/ weight; self-care.								
Recognizing and Dealing with Communicable Diseases		Begin newsletter identifying staff and inviting parents to staff training sessions, cooking classes, field trips, and sessions on topics identified by tear sheets. Visit dentist.	Newsletter on self care, medical consumerism.							
First Aid Emergency Plans								Accident Prevention workshop.		
Safety						CPR/Heimlich				
Nutrition			Healthy snacks for children.	Demonstration of children helping in the kitchen.	Nutritional problems & solutions.	Food consumerism.	Newsletter: food consumerism.	Cooking class - low cost.		Cooking class - low fat cooking with your child.
Emotional Health, Family Life						Stress management workshop.			Self-improvement: exercise and weight control.	
Dental				Demonstration - flossing.						
Community Resources										
Health History Documentation			Begin personal health record.							Review personal health.

FIGURE VII-3. ANNUAL HEALTH EDUCATION SCHEDULE FOR PARENTS

CONTENT AREA	TOPICS FOR STAFF									
	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Growth and Development	Orientation workshops and manual outlining H.S. objectives, tentative schedules of health care services, tentative list of joint parent/staff programs, list of community resources with emergency numbers, and identifying any legal responsibilities.	Height/ weight; self care.								
Recognizing and Dealing with Communicable Diseases			Handout on care of colds, burns, etc.		Repeat policy on "sick" children.					
First Aid Emergency Plans		Role play emergencies.						Accident prevention workshop.		
Safety		Fire drill		Review plan facilities, discuss roles.		CPR/Heimlich				
Nutrition					Nutritional problems & solutions.	Food consumerism.	Newsletter: food consumerism.	Cooking class - low cost.		Cooking with children.
Emotional Health, Family Life			Workshop on psychological safety.			Stress management workshop.			Self-improvement exercise demo.	
Dental		Visit dentist		Demonstration - flossing.						
Community Resources										
Health History Documentation		Begin personal health record.								

FIGURE VII-4. ANNUAL HEALTH EDUCATION SCHEDULE FOR STAFF

draft, which can then be discussed and revised in a meeting of all appropriate staff.

ACTION STEP 3: To continue to foster a sense of accomplishment and continuity, SHARE THE FINAL SCHEDULE WITH ALL STAFF AND PARENTS. In addition, it is useful to develop with staff and parents an on-going notebook containing various educational materials, lists of community resources, etc.

COMPLETING DEVELOPMENT OF THE HEALTH EDUCATION CURRICULUM

Now that you have agreement on a curriculum outline and annual schedule for health education activities, your team can proceed to refine the curriculum content and methods and develop specific lesson plans for the different activities which have received priority for a program year. You may wish to call on a professional health educator for assistance in this or any of the preceeding steps. Local and state health departments, public school systems, and health education students from local colleges may be good resources. Remember to include parents in the team so that they can participate in planning the program, and so that they may become familiar with activities that can be used in the home to reinforce the learning that takes place at the center.

Curriculum Content and Teaching Methods

Before specific lesson plans are developed, the health education curriculum outline should be reviewed and teaching methods considered.

This will involve the following steps:

ACTION STEP 1: WITH YOUR TEAM, SPELL OUT THE PROBLEM/ISSUE(S) underlying the objectives and learning experiences. Identify any related issues or topics.

ACTION STEP 2: When you are satisified that the curriculum content (learning experiences) is properly related to the previously defined objectives, BRAINSTORM WITH YOUR TEAM TO IDENTIFY THE RESOURCES AVAILABLE AND TO DECIDE WHAT METHODS and MATERIALS you will use to teach the concepts, skills, attitudes, and behaviors (represented by your objectives) to each of the three learner groups.

Media and method selection is based on the identification of the changes required and the availability of resources to support those changes. For example, information for parents and staff can be conveyed clearly and inexpensively in written form, new behaviors can be rehearsed through role play for staff and parents and dramatic fantasy for children, and reinforcement can be provided by praise, by repetition of key concepts over time and in various settings or by the removal of barriers to the desired behavior. Typically, behavior rehearsal and continued support are all required for sustained learning. As a rule, the more active the behavior to be learned, the more active the learning situation must be to instruct and reinforce that behavior. Obviously, media and methods must be in keeping with the educational, cognitive, and motor skill level of participants. They also must, especially in home-based programs, be sensitive to any constraints of the home situation. Materials need to be evaluated for their appropriateness to the child's need, culture, ethnicity and for lack of bias on the basis of sex, race, or age.

For further guidance on this content and method development process, you may wish to refer to Appendix G for a discussion of four focal health education issues. These issues were selected as fairly typical health problem areas with which a Head Start program may wish to deal in its health education program. They relate to the nutrition, mental health, mental health/ medical (overlapped), and dental areas. The Appendix addresses problem identification, content developed, and method selection.

Lesson Plans

Lesson plans outline the concepts, activities and other guidance for you or for the classroom teacher, parent involvement coordinator, speaker, or home visitor who will lead each learning experience.

Lesson plans usually contain:

- Objective or purpose
- Content or concepts
- Method to be used for each concept
- Resources and materials required
- Evaluation

At this stage of curriculum development, you would already have defined objectives; the lesson plan objective may be one of these general objectives or a related sub-objective. Content methods, and materials should also have been developed, although they may need to be refined for individual lesson plans. The essential task is to analyze this material you have already developed and break it down into small, do-able segments -- segments which can be accomplished during a 10-minute class period, 1 hour out of a staff training session, 30 minutes out of a parent meeting, etc. Evaluation should be directed toward each individual lesson plan and closely related to the behavioral objective for that lesson. An example lesson plan for the dental health education focal issue is included in Figure VII-5. Health

LESSON TITLE: BRUSHING TEETH

OBJECTIVE	CONTENT/CONCEPT	METHOD	EVALUATION	MATERIALS
The child can demonstrate the removal of stained plaque by brushing under the supervision and with the aid of an adult.	Brushing teeth is an essential means of cleaning the teeth and preventing dental problems. Skills required are observation and small muscle coordination.	INTRODUCTION: The teacher will discuss with the class the need for brushing to remove food particles and plaque that remain on the teeth. ACTIVITY: After snack or lunch children will use hand mirrors to try to observe any plaque on, or discoloration of, the teeth. The teacher will demonstrate brushing, emphasizing that all teeth and tooth surfaces must be brushed. The students, while dry brushing, will follow that example. A disclosing tablet will be used to determine the effectiveness of their brushing. CONCLUSION: The teacher will explain that when we brush, we must be sure to brush all tooth surfaces to remove all plaque. Plaque can be on teeth even though it can't be readily seen without staining tablets.	The next day children restain their teeth to see if brushing occurred properly.	Hand mirror, disclosing tablets, toothbrushes, posters from the American Dental Assoc.

Figure VII-5 SAMPLE LESSON PLAN

staff should work with the Parent Involvement Coordinator, Education Coordinator, and teaching staff to develop lesson plans for children and parents.

Here are some general steps involved in lesson plan preparation.

ACTION STEP 1: REVIEW THE OBJECTIVES, CONTENT AREAS/CONCEPTS, METHODS, AND MATERIALS/RESOURCES you have identified or developed. Divide the material for each objective into suitably short activity segments. Arrange all segments relating to a single objective in a logical order leading to the accomplishment of that objective.

ACTION STEP 2: DECIDE HOW TO EVALUATE each segment.

ACTION STEP 3: PREPARE EACH SEGMENT IN A READABLE LESSON PLAN FORMAT.

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- NOW TURN BACK TO PART 1, PAGE 21, FOR A SUMMARY OF THE ACTION STEPS FOR PROVIDING HEALTH EDUCATION.
- THE APPENDIX RELATED TO THIS SECTION IS APPENDIX G.
- IF YOU ARE DEVELOPING A HEALTH COMPONENT WORKBOOK, YOU MAY WISH TO INCLUDE:
  - YOUR HEALTH EDUCATION OBJECTIVES
  - HEALTH EDUCATION CURRICULUM AND SCHEDULE WHERE DATES OF HEALTH EDUCATION AND TRAINING EVENTS FOR CHILDREN, PARENTS, AND STAFF CAN BE RECORDED

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SECTION VIII

EVALUATING THE HEAD START HEALTH PROGRAM

The Self-Assessment Review Process

Gathering Statistics And Writing Reports

Parent Satisfaction And Observations

Provider Relationships

SECTION VIII

EVALUATING THE HEAD START HEALTH PROGRAM

Program evaluation is an essential part of the planning process for the Head Start Health Component. Evaluation is the procedure utilized to assess the status of program activity through continuous monitoring and the determination of how well objectives are being met. Information gained through the evaluation process enables Head Start program staff to assess and, if need be, reassess the adequacy and appropriateness of all tasks undertaken during the year and make changes or adjustments where necessary. Therefore, effective evaluation will enable you to plan future activities based more soundly on successful approaches.

In order to develop a workable system of evaluating your health component program, you will need to structure the health plan in reasonable terms. That is, the planned efforts which you formulate for your program should state what is to be accomplished (goals or objectives), how will it be carried out (activities, action steps, or strategies), who will be responsible, and when the various steps will be undertaken and completed. Only then will you be able to assess the current status and future needs of your program and react in a timely and effective manner. Keep in mind when developing a health plan that the more specific you make your program objectives, the easier it will be to carry them out and to evaluate their impact. Also, ongoing evaluation efforts may be more effective than once a year, "one shot" assessments in monitoring program effectiveness. Are program expenditures more or less than you anticipated? Do adjustments need to be made in order to meet some objectives(s) by the end of the program year? Have other program elements surfaced which require attention? These and many other questions may arise which will necessitate prompt and decisive actions during the program year and which can be identified through ongoing evaluation activities.

In addition to the need for assessing the extent to which program goals and objectives have been met, evaluation in Head Start includes the following basic program activities:

- The official Comprehensive Management Review or In-depth Validation process.
- Gathering routine program statistics and writing reports such as the Program Information Report and the Annual Handicaps Survey.
- Inquiring about parent satisfaction.
- Assessing relationships with providers and consultants.

In summary, evaluation is an essential component of the health planning effort in Head Start. Effective evaluation enables Head Start staff to assess program status and future needs at appropriate times during the year and institute proper corrective action, if necessary. Sound evaluation is the key to a successful approach for tomorrow.

THE SELF-ASSESSMENT REVIEW PROCESS

The Self-Assessment/Validation Instrument (SAVI) is a checklist type of form to review Head Start programs.

The SAVI contains questions about whether the program is complying with specific Performance Standards, along with steps to guide Head Start programs in assessing program compliance. For each program component, there are two Sections of the SAVI: the first for assessing the component's written plan, and the second for assessing program operations.

It is to your advantage to get to know the SAVI when you are first hired and to review it frequently. Along with your job description, the Performance Standards and the health plan, the SAVI can help guide your activities by specifying what is expected of you.

Although Head Start programs are not required to use the Self Assessment/ Validation Instrument, you may find it helpful to use the SAVI as a technical assistance document in your program's ongoing evaluation efforts.

Using the SAVI as a guide, Head Start staff and parents can use the following methods to find out whether the program activities required by the Head Start Performance Standards are actually being carried out:

- Observing the activities themselves (e.g., watching classes in session, observing children on the playground, attending meetings)
- Reviewing documentation of activities (e.g., sample records, health plans, minutes of Health Services Advisory Committee meetings, lesson plans, in-service training plans, letters to/from other community agencies, etc.)
- Interviewing Head Start personnel or parents about program activities.

A planned evaluation using those methods should be done at least once a year. You will find it helpful if you gather together documentation and data for self evaluation. The specific documentation, interviews or observations necessary to assess compliance are listed on the SAVI instrument. Your program may also find it helpful to form a special team of staff and parents to assume responsiblity for conducting the evaluation activities.

ACTION STEP 1: IF YOU (THE HEALTH COORDINATOR OR OTHER PERSON RESPONSIBLE FOR THE HEALTH COMPONENT OF HEAD START) DO NOT ALREADY HAVE A

COPY OF THE BLANK SAVI FORM, YOU SHOULD OBTAIN ONE IMMEDIATELY from your Director or from the ACYF Regional Office. (See Appendix D for addresses.) Set aside some uninterrupted time to sit down and become familiar with the SAVI and the Performance Standards on which it is based. Keep the SAVI on your desk (together with the Performance Standards) where you can refer to it as often as you need to.

ACTION STEP 2: The Health Coordinator should take time to ORIENT OTHER HEALTH COMPONENT STAFF (health aide, community workers, etc.) and the Health Services Advisory Committee to the SAVI.

ACTION STEP 3: Suggest that the Head Start Director or Policy Council SEND LETTERS REQUESTING ASSISTANCE from the following in conducting any self-evaluation activities:

- Local Head Start dental consultant or dentist member of the Health Services Advisory Committee (pedodontist, if possible)
- Local Head Start mental health consultant or mental health professional who is a member of the Health Services Advisory Committee
- Local Head Start nutrition consultant or nutritionist/dietitian member of the Health Services Advisory Committee
- Local Head Start medical consultant or child health professional in this field who is a member of the Health Services Advisory Committee
- One parent member of the Health Services Advisory Committee (if this parent is also on the Policy Council, so much the better).

ACTION STEP 4: REVIEW AGAIN THE PERFORMANCE STANDARDS AND SAVI to determine the documentation, interviews, data, etc., necessary for assessing all parts of the health component. Set up a large folder or file for each health area in Head Start: medical, dental, nutrition and mental health. Place notes or other documentation of compliance (minutes, copies of schedules or plans, resource handbook, etc.) in the files in the order they are listed in the Performance Standards and SAVI.

ACTION STEP 5: As the staff person responsible for the Head Start Health Component, PARTICIPATE IN EVALUATION of the Head Start program. Because the Performance Standards require that children's and families' health, educational and social service records be kept strictly confidential, parents and volunteers are allowed to review only their own children's record unless all identifying information is blocked out of the records. Head Start staff and consultants may review these records since their professional expertise is being used to assess the quality of recordkeeping and services delivery to a sample of children.

ACTION STEP 6: After evaluation activities are accomplished, DISCUSS OUT-OF-COMPLIANCE AREAS informally with other Head Start health staff and get their ideas. Then meet with the Head Start Director and inform him/her that you wish his/her comments before you schedule a Health Services Advisory Committee meeting to review evaluation results.

ACTION STEP 7: SCHEDULE A HEALTH SERVICES ADVISORY COMMITTEE MEETING. Send members the self-evaluation results for the Health Component; ask them to study it in preparation for the upcoming meeting, because you will need their suggestions. If they cannot attend, ask them to send you their comments in writing.

ACTION STEP 8: At the time of the Committee's meeting, ASK MEMBERS FOR SUGGESTIONS for modifying the health plan and program activities or developing new/additional resources in light of the areas found out-of compliance. Ask the committee to agree by vote on its recommendations for revising the health plan.

The suggestions and recommendations made by the Health Services Advisory Committee should be incorporated into the health plan by the Health Coordinator or other person responsible for the Health Component. Other necessary changes should be made and the revised health plan presented to the Health Services Advisory Committee, at least by the time of their first meeting of the next program year.

GATHERING STATISTICS AND WRITING REPORTS

As one means of monitoring program activities of the health component, many Head Start Directors require a monthly written report from Health Coordinators. Quarterly statistical reports on health services are also a common requirement. Like the SAVI, these reports function primarily as a basis for process evaluation and ongoing accountability. However, data on the numbers and kinds of health problems resolved (treatment completed) combined with parent-generated information on positive changes in health habits/behaviors, increased self-confidence, etc., can provide rough indicators approximating an outcome evaluation (see Parent Satisfaction Section below). In order to complete such reports, you need to begin the program year with a reliable data-gathering system.

Complete and regular data-gathering over a period of time will enable you to look at health trends in your program, to keep track of all activities undertaken and their results, and to analyze the time and resources requested to perform specific tasks. The following suggestions are intended to give you general help with your data gathering and report writing. Each program will have different needs, so it is best to sit down at the beginning of the program year, plan out in advance what statistics you wish to collect, and develop forms to fit your own needs. Refer to the Administrative Reports segment (Section II) for additional guidance.

ACTION STEP 1: SET UP AN ACTIVITIES FILE for each part of the Health Component that is your responsibility (medical, dental, mental health, nutrition). As a health activity is completed, make a note describing it and put this or other available documentation into the file. When you sit down to write the required monthly or quarterly report, most of the data needed then will already have been collected in the file and be ready for analysis.

Example: You conduct an in-service training session for classroom staff on dental hygiene for children. Put into your "dental" report file a copy of the training outline, together with a record of which Head Start staff attended and the date of the session.

ACTION STEP 2: ESTABLISH A TRACKING SYSTEM is described in the section on health records. A good health bookkeeping or tracking system is one of the best data-gathering tools you can use. A tracking instrument is especially useful for evaluation because it summarizes an enormous amount of data on one sheet.

ACTION STEP 3: UPDATE AND ANALYZE YOUR HEAD START HEALTH STATUS PROFILE (see the Planning Section on how to set up this profile) periodically to pick out health trends in your program. A summary form for recording the types of health problems, acute illnesses, etc., that occur every month or quarter is a good basis for updating this Profile.

ACTION STEP 4: As necessary, OBTAIN ASSISTANCE FROM LOCAL SPECIALTY HEALTH CONSULTANTS or Health Services Advisory Committee members in designing data gathering tools for your program. Your Regional Health Liaison Specialist is another good resource.

ACTION STEP 5: SET ASIDE TIME EACH WEEK TO BRING YOUR HEALTH STATISTICS UP TO DATE. Recruit as much help as possible with paperwork, from other health staff or office staff. Set aside one half-day each month to examine Head Start health statistics and analyze them for trends.

PARENT SATISFACTION AND OBSERVATIONS

Since Head Start is a community agency which provides services to families, measuring parent satisfaction with and perception of results of those services is an important part of program evaluation. If done comprehensively, such measurement can provide an element of both process and outcome evaluation of the program.

There are several ways to find out how parents feel about the Head Start Health Component and outside health services and providers. The direct method is to ask parents, either verbally or in writing. Indirect methods include (a) observing parents' behavior and drawing conclusions from it and (b) recording comments which are volunteered from time to time by parents on an informal basis. All these methods are reflected in the following suggestions for performing this important aspect of evaluation.

ACTION STEP 1: ASK THE HEALTH SERVICES ADVISORY COMMITTEE TO HELP YOU EVALUATE PARENT SATISFACTION with the Head Start health program. They should be involved in deciding on the kinds of evaluation activities, formulating any instruments to be used in these activities (e.g., questionnaires), and perhaps carrying out some of the activities such as parent interviews.

ACTION STEP 2: DESIGN A PARENT QUESTIONNAIRE. The questionnaire should include some specific and open-ended questions such as: "What are some ways you would have liked Head Start staff to help your family improve its health, which they did not do?" It should also include questions to tap parents' observations of any positive changes in family/child health habits, use of health services, etc., (i.e., outcomes) which they feel are due to Head Start's efforts. You may have a separate questionnaire for each health area (medical, mental health, etc.), or one combined questionnaire, or one questionnaire for "in-house" Head Start activities and another for outside providers' activities. A sample nutrition questionnaire is included in Figure VIII-1 for your information.

NUTRITION QUESTIONNAIRE FOR PARENTS

1. Since your child has attended Head Start, do you think he/she eats:

   ENOUGH FOOD ______ TOO MUCH FOOD _____ TOO LITTLE FOOD _____

   Is this a change from the way he/she used to eat before? Yes ___ No ___

2. Have new foods or different ways of serving certain foods been suggested or mentioned by your child?

   YES _____ NO _____

   What such foods has he/she mentioned? ________________________________

   Have you then served any of those foods? ______________________________

3. Since attending Head Start, has your child's request for sweets, candies, or pop been:

   INCREASED ___________ DECREASED __________ UNCHANGED ________

4. What snacks does your child prefer?

   Crackers & Pretzels _____ Fruits _____ Cheese _____ Vegetables _____

   Pop, Sweets, Candies _____

   Other _____

5. Would you consider your child's appetite: Good ___ Fair ___ Poor ___

6. What is your child's favorite breakfast cereal? ________________________

7. Do you think T.V. Commercials influence what your child eats?

   YES _____ NO _____

COMMENTS:

FIGURE VIII-1. SAMPLE PARENT EVALUATION QUESTIONNAIRE (Nutrition)

ACTION STEP 3: ADMINISTER THE QUESTIONNAIRE. This can be done halfway through the year, at the end of each year, and/or when a child leaves Head Start (during the exit or termination interview with parents). Parents can either write down the answers themselves anonymously or can be interviewed by a staff or HSAC member.

ACTION STEP 4: SCHEDULE FEEDBACK OR "RAP" SESSIONS in which parents can air their feelings about the health services, health education programs, menus and food service, handling of behavioral problems in class, etc. These can be a regular feature of Policy Council or other parent meetings.

ACTION STEP 5: KEEP A RECORD OF THE NUMBERS OF PARENTS who attend health education sessions or programs throughout the year. This is an indirect measure of their interest in the health program and their satisfaction with those presenting the educational sessions.

ACTION STEP 6: KEEP A RECORD OF THE NUMBER OF BROKEN AND KEPT REFERRAL APPOINTMENTS. An unusually high number of broken appointments may indicate parent dis-satisfication with a particular service provider. Set up a referral follow-up system whereby parents referred to health providers are contacted by telephone, visit, or a mailed postcard to find out if these parents received the needed services and how satisfied they were. The follow-up card might look like that shown in Figure VIII-2.

ACTION STEP 7: MAKE NOTES OF THE INFORMAL COMMENTS made by parents to other Head Start staff about health services, which are passed on to you.

ACTION STEP 8: PERIODICALLY LIST TOGETHER AND ANALYZE INFORMATION GATHERED IN THE ABOVE STEPS. Present this information for consideration by the Health Services Advisory Committee when they meet to revise the health plan for the program year and at the time self-assessment results are considered.

Dear

We recently referred you to ________________ at ____________________ to
(provider name) (provider address)
receive health services. In order to be of further help to you and your child, we would like to know:

- Did you keep an appointment with this provider? Yes ( ) No ( )
- If yes, did you receive the health services you needed? Yes ( )
  No ( )
- Were you satisified with this provider and the services you received?
  Yes ( ) No ( )
- Do you need further help to make a new appointment or receive needed services? Yes ( ) No ( )

Thank you for your cooperation.

Sincerely,

Health Coordinator

FIGURE VIII-2. PARENT REFERRAL FOLLOW-UP CARD

PROVIDER RELATIONSHIPS

There are two major types of health providers involved with Head Start programs:

- Professionals or agencies/clinics where children received services.
- Local specialists who contract with Head Start to provide consultant services, usually on a part-time basis.

In evaluating the Health Component, it's important to look at both kinds of providers and to look at Head Start provider relationships from both sides. Head Start needs to assess the quality of services given by a provider, and whether goals and objectives initially set have been accomplished. The provider's point of view is also important; evaluation should provide the opportunity for providers to assess the appropriateness of referrals and their relationship with Head Start. This evaluation activity can yield both input and process evaluation data.

The evaluation procedures, mechanism and timing noted here are suggestions for helping you evaluate your local providers. .We encourage you to develop original and different procedures, based on your individual program needs.

ACTION STEP 1: ESTABLISH YOUR OWN FILE ON EACH PROVIDER AND CONSULTANT. Put all notes, comments on the providers as well as correspondence with him or her, in this file.

ACTION STEP 2: On those instances where the program has a contract with providers or consultants CHECK TO MAKE SURE THAT SPECIFIC WRITTEN CONTRACTS ARE PREPARED AND SIGNED. It is difficult to evaluate local health consultants or providers unless their relationships with Head Start and the specific roles and services expected of them are spelled out from the beginning in a written contract (or interagency/working agreement in the case of a provider). It should also state that evaluation of the relationship will be conducted every three to five months, or at least once a year.

ACTION STEP 3: USE THE REFERRAL FOLLOW-UP SYSTEM discussed in Parent Satisfaction above to contact the parents and get feedback about the provider and practice. Did the parent acutally obtain service from the provider or agency? Are the provider and agency/practice culturally and economically "tuned in" to Head Start families? How well could the parent communicate with them? File these comments. If you notice that a child who has been referred and is under treatment for a particular health problem does not seem to have that problem resolved after a reasonable length of time, draw it to the parent's attention. It may be helpful to keep progress notes on referrals in the provider evaluation file as well as the child's individual health record.

ACTION STEP 4: Two months before the end of each program year, WRITE TO EACH PROVIDER, or set up an informal conference to thank them and communities plans for the future. Review Head Start goals and objectives met during the year and the services delivered by providers. Ask the providers' comments about their relationship with the Head Start program. For example, using this mechanism, one Health Coordinator learned that the majority of dental providers felt the dental fee schedule was inadequate, and it subsequently was changed, in order to continue services.

ACTION STEP 5: Using the information gained through Action Step 4, REVIEW AND UPDATE YOUR LIST OF PROVIDERS six weeks before the end of each program year. Plan any feasible changes in the referral system, fee structure, follow-up, etc., that have been requested by providers or cited as problems in your working relationship. This should be done in cooperation with several members of the Health Services Advisory Committee.

ACTION STEP 6: The Head Start Health Coordinator, and perhaps members of the Health Services Advisory Committee, should MEET WITH LOCAL CONSULTANTS every three months (or at least twice a year) to discuss how the professional activities specified in the contract have been accomplished, the extent to which reports have been completed and understood, and to what degree the specified problems have been solved. Such meetings can be combined with regular sessions at which the consultant provides feedback and technical assistance to Head Start staff on his/her program area.

ACTION STEP 7: Use the information gained in Step 6 to UPDATE YOUR CONSULTANT CONTRACTS each year and to reassess the type of consultant needed by the program for the next year. The Health Coordinator's and Health Services Advisory Committee members' objective evaluation of how well the terms of the consultant contract have been met should form the basis for deciding to renew a consultant's contract in the future.

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- NOW TURN BACK TO PART 1, PAGE 22, FOR A SUMMARY OF THE ACTION STEPS FOR EVALUATING THE HEALTH COMPONENT.

- IF YOU ARE DEVELOPING A HEALTH COMPONENT WORKBOOK, YOU MAY WISH TO INCLUDE:

    - COPIES OF QUESTIONNAIRES AND OTHER FORMS USED IN EVALUATING THE HEALTH COMPONENT

- A BLANK COPY OF THE SAVI
- IDV REPORTS/LETTERS RELATING TO THE HEALTH COMPONENT

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SECTION IX

BIBLIOGRAPHY

SECTION IX
BIBLIOGRAPHY

SECTION II. GETTING READY TO CARRY OUT THE HEALTH PLAN

Guides Related to Nutrition Component:

1. Handbook for Local Head Start Nutrition Specialists, Project Head Start, ACYF/OHDS Department of Health and Human Services, P.O. Box 1182, Washington, D.C. 20013. A guide to the Nutrition Specialist beginning to serve in a local Head Start program, detailing the Head Start philosophy and the functions of the nutrition specialist. Includes an annotated list of resources.

2. Nutrition Training Guide for Classroom Personnel in Head Start Programs. Project Head Start ACYF/OHDS Department of Health and Human Services, P.O. Box 1182, Washington, D.C. 20013. Suggested activities, resources and assessment criteria are provided for achieving the competencies needed by classroom staff, based on the Head Start Nutrition Component Performance Standards.

3. A Guide for Planning Food Service in Child Care Centers - FNS-64. Available from Regional USDA Office or State Agency Administering the Child Care Food Program. Provides useful information for food service according to CCFP Guidelines.

4. Food Buying Guide for Child Care Centers - FNS-108. Regional USDA Office of State Agency Administering the Child Care Food Program.

5. Food Storage Guide for Schools and Institutions - FNS PA-403. Regional USDA Office or State Agency Administering the Child Care Food Program. Useful for a large scale centralized feeding operation.

6. A Guide for Precosting Food for School Food Service - FNS No. 1185. Regional USDA Office or State Agency Administering the Child Care Food Program.

7. School Breakfast Menu Planning Guide - FNS -7. Regional USDA Office or State Agency Administering the Child Care Food Program.

8. Quantity Recipes for Child Care Centers - FNS-86. Regional USDA Office or State Agency Administering the Child Care Food Program. Recipes in child sized portions for 25 and 50 servings.

9. Off to A Good Strat: A Resource for Parents, Professionals, and Volunteers. OHDS-81-30304 issued April 1981.

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6. Aronson, Susan S. "Safety Checklist", Health Advocacy Training Project, The Medical College of Pennsylvania, 3300 Henry Avenue, Philadelphia, Pennsylvania.

SECTION IV. PROVIDING HEALTH SERVICES FOR HEAD START CHILDREN

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3. "Head Start and Early and Periodic Screening, Diagnosis and Treatment: Recipes for Success", Community Health Foundation. U.S. Department of

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6. A Guide to Dental Care for EPSDT/Medicaid, U.S. DHEW, SRS 74-24525.

7. Healthy Children: Children's Oral Health USDHHS, Public Health Service, #80-50136, May, 1980.

SECTION V. PROVIDING SERVICES FOR CHILDREN WITH SPECIAL NEEDS

References on Children with Handicaps:

1. Feeding the Child With a Handicap. Pub.. No. (HSM) 73-5609. Department of Health and Human Services, Health Services Administration, Bureau of Community Health Services, Maternal and Child Health Services, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. This pamphlet suggests how to help the child with a handicapping condition develop self-feeding skills.

2. CRC Educators and Human Development, Inc., Mainstreaming Preschoolers; U.S. Government Printing Office, 1978.

   Series of eight modules developed specifically for Head Start teachers and parents to help them understand mainstreaming and the eight major categories of handicapping conditions. Local programs will receive copies of the manuals from their Resource Access Project (RAP). The eight manuals are:

   Mental Retardation
   Orthopedic Impairments

Emotional Disturbance
Health Impairments
Learning Disabilities
Vision Impairments
Hearing Impairments
Speech Impairments

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16. Hardy, M.K., et al: "Nursing the Navajo"; American Journal of Nursing, 77 (1): 95-86, January, 1977. In order to adapt and individualize health care of the Navajo patient, a nurse must be aware of Navajo customs and style. Modifications of parts of the hospital environment are presented and approaches to tribal ways are described by an Anglo nurse working in New Mexico.

17. Primeaux, Mr.: "Caring for the American Indian Patient", American Journal of Nursing 77, (1):914 January 177. A Cherokee Indian who is a nurse explains certain core cultural beliefs held by all American Indians as they relate to health care. Emphasis is placed on the need of the non-Indian worker to respect these beliefs and adapt certain health care practices to the needs of the Indian customs.

18. Werden, P.: "Health Education for Indian Students"; Journal of Social Health 44:319-23, June, 1974. Teachers in native American communities have to acquaint themselves with a new set of values which influence their professional behavior. Suggestions are presented for avoiding violation of social norms in the Indian culture.

ORIENTAL

19. Li, F.P., et al: "Health Care of the Chinese Community in Boston"; American Journal of Public Health, 62:536-9, April, 1972. Social and cultural origins of health needs among Chinese-Americans and the role of community participation in health programming for the Chinese community of Boston are described in this report.

20. Kim, H.C.: "Education of the Korean Immigrant Child", Integrated Education, June, 1977. Both articles describe Korean child-rearing practices and Korean values which differ from ours, often causing a conflict for the child in school.

21. Wong, R.M., et al: "Chinatown is a Classroom", American Journal of Nursing, 74:113-4, June, 1974. Student nurses learn about Chinese customs related to health care in a community setting. The authors describe the development and outcomes of this course.

NOTE: For a more extensive understanding of culture and the roles it plays in child development refer to the four curriculum models developed by ACYF. They can be obtained from the following Early Childhood Bilingual Multi-cultural Resource Centers.

Location	Regions Served
Ms. Yvonne De Gaetano, Director Teachers College Columbia University 525 West 120th Street New York, New York 10027 (212) 678-3100	I, II, III, IMPD

Location	Regions Served
Ms. Yolanda Molina, Director Intercultural Development Research Associates 5835 Callaghan Rd. Suite 111 San Antonio, Texas 78228 (512) 684-8180	IV, VI, IMPD
Dr. Masako Tanaka, Director Development Associates 693 Sutter Street 3rd Floor San Francisco, California 94102 (415) 776-0120	IX, X, IMPD
Dr. Lorenzo Trujillo Inter-America Research Associates 231 Milwaukee Suite 206 Denver, Colorado 80206 (303) 320-1151	VIII, VII, V, IMPD

References on Child Abuse:

22. Child Abuse and Neglect: A Self Instructional Text for Head Start Personnel, DHEW Publication No. (OHDS) 77-30013, Head Start Bureau and Children's Bureau, Administration for Children, Youth and Families Office of Human Development Services, U.S. Department of Health, Education and Welfare, October 1977.

    Single copies of the following are available from the National Center on Child Abuse and Neglect, P.O. Box 1182, Washington, D.C. 20013.

23. Early Childhood Programs and to the Prevention and Treatment of Child Abuse and Neglect, Children's Bureau, OHDS, 79-30198.

24. Child Abuse & Neglect, Office of Human Development Services, Children's Bureau, HEW-105-78-1101. Publication was developed by Herner and Company issued May 1978, revised December 1979.

25. Child Abuse and Neglect Audiovisual Materials issued February 1978 Revised June 1980, HEW-105-78-1101.

SECTION VI. MAINTAINING HEALTH RECORDS FOR HEAD START CHILDREN

1. Nelson H. and Aronson, S. "Health Power; A Blueprint for Improving the Health of Children" Westinghouse Health Systems, 313 Madison Avenue, New York, New York 10017 (1978).

2. Health Information System: Child Health Record and Health Data Tracking Instrument. Available from Westinghouse Health Systems Regional Field Offices.

3. Handbook for Local Head Start Nutrition Specialists. Publications office, Distribution Services, Office of Human Development Services, P.O. Box 1182, Washington, D.C. 20013.

4. "Head Start and EPSDT: Recipes for Success"; Community Health Foundation, USDHHS, Office of Human Development, Head Start Bureau, Publication No. (OHD) 76-31097.

SECTION VII. PROVIDING HEALTH EDUCATION FOR CHILDREN, STAFF, AND PARENTS

References on Activities for Children:

1. Head Start on Health: An Early Childhood Health Curriculum, Nelson, Hannah. Bankstreet College Bookstore, 610 W. 112 Street, New York, N.Y. 10025. 1975.

2. Children and Youth in Action: Authors: Marie Riley, Kate R. Barrett, Thomas J. Martine, Mary Ann Roberton. Issued November 1980, OHDS-80-30182.

Books and Records for Children:

3. Just Awful, Whitney, Alaman. Addison-Wesley Publishing Co., Jacobs Way, Reading, MA 91867, 1971.

4. Mr. Rogers Talks About: The New Baby, Fighting, A Trip to the Doctor, Going to School, Moving, Rogers, Fred. Platt & Munk, Division of Questor Educational Products, 1055 Bronx River Avenue, Bronx, New York 10472. 1974.

5. Where Do Babies Come From?, Bewley, Sheila and Sheffield, Margaret. Alfred A. Knough, 201 East 50 Street, New York, New York 10472.

6. What Is A Girl? What Is A Boy?, Wassman, Stephanie. Peace Press, Inc., 3828 Willat Avenue, Culver City, California 90230. 1976.

7. Bodies, Brenner, Barbara. E.P. Dutton Co., 201 Park Avenue, New York, N.Y. 10019. 1962.

8. Super Me, Super You, National Coordinating Council on Drug Education, Washington, D.C., P.O. Box 1706, Rockville, Maryland 20850. 1974.

9. Feelings: Inside You and Outloud Too, Polland, Barbara K. Celestial Arts Publishing Company, 231 Adrian Road, Mellbrae, California 94030.

10. The Faces of Many Children, Developmental Learning Materials, 7440 Natchez Avenue, Chicago, Illinois 60648.

11. Irene's Idea, Geoffroy, Bernie. Available from Before We are Six, 15 King Street, N., Waterloo, Ontario, Canada.

12. Minoo's Family, Crawford, Sue. Available from Before We Are Six, 15 King Street, N., Waterloo, Ontario, Canada.

13. Moods and Emotions Kit, available at Novo, 124 East 24 Street, New York, New York 10011 and Teachers Book Store, 23 Street & Park Avenue South, New York, New York.

14. The Tenth Good Thing About Barney, Viorst, Judith. Atheneum Publishing, 122 East 42 Street, New York, New York 10017. 1975.

15. The Dead Bird, Brown, Margaret. Young Scott Books, Addison-Wesley Publishing Company, Jacob Way, Reading, MA. 01867. 1958.

16. Everybody Cries Sometimes: Songs for Self-appreciation and Self-expression. By Patty Zeitlin and Marcia Berman. Activity Records (1974), Edcuational Activities, Inc., Freeport, New York.

References for Parents and Staff:

17. Infant Care/El Cuidado De Su Bebe, 1980 (OHD) 80-30015 (English), (OHD) (Spanish).

18. Prenatal Care/Cuidado Prenatal 1973. DHEW (OHD) 75-30017 (English), (OHD) 75-30012 (Spanish); GPO 017-091-00187-1 (English), 017-091-00209-6, (Spanish).

19. Nutrition Education for Young Children, 1976. Publications Office, Distribution Unit, Office of Human Development Services, P.O. Box 1182, Washington, D.C. 20013, Publication No. (OHDS) 76-31015. Suggests ways of helping children learn about food and establish good food habits.

20. Your Child from One to Six (B), Granger, Richard H., M.D., DHEW Publication No. (OHDS) 77-30026, U.S. Department of Health, Education and Welfare, Office of Human Development Services, Washington, D.C. Excellent for parents.

21. Mommy, I Don't Feel Well: A Pictorial Guide to Common Illnesses, Arcade Publishing, Magazine Ltd., Colonnade. Ltd., London, England. 1970.

22. Children's Health Encyclopedia (Boston Children's Medical Center), Feinbloom, Richard I., M.D. Delacarte Press, Barnes & Noble, 105 Fifth Avenue, New York, New York 10003.

23. About Dying. Stein, Sara Bonnett (Copyrighted 1974), Walker and Co., 720 Fifth Avenue, New York, 10019

24. Making Babies. Stein, Sara Bennett (See Above).

25. About Handicaps. Stein, Sara Bonnett (See Above).

26. That New Baby. Stein, Sara Bonnett (See Above).

27. A Hospital Story. Stein, Sara Bonnett (See Above).

APPENDICES

APPENDIX **A**

HEALTH PROFILES

Community Health Profile

Head Start Family Health Status Profile

Case Study: Narrative on Demographic Data Collected by Amazon County Head Start Program

APPENDIX A
HEALTH PROFILES

COMMUNITY HEALTH PROFILE

Here are the steps toward putting together a comprehensive Community Health Profile to assist you in planning for the Health Component:

ACTION STEP 1: LIST THE TYPES OF INFORMATION you want, places you might be able to find it, and how you will use it. Figure A-1 suggests how this might be done.

ACTION STEP 2: DISCUSS THE LIST with the Social Services Coordinator and the Head Start Director to find out which of this information may already have collected as part of the yearly grantee community needs assessment. Your Head Start Director or Social Services Coordinator can provide the data from this assessment to you.

ACTION STEP 3: DISCUSS THE LIST with members of your Health Services Advisory Committee. They may be able to help you get any up-to-date information which you need.

ACTION STEP 4: CONTACT THE POSSIBLE INFORMATION SOURCES such as the Vital Statistics Department of your State Health Department or your Health Systems Agency. Some agencies will give you the data over the phone or mail it to you, while others may ask you to come into their office and copy it down.

ACTION STEP 5: COMPILE ALL THE DATA and write a report which describes the major health needs and health-related problems of the community. The Community Health Profile Worksheet, Figure A-2, and the Amazon County Health Start Program Case Study at the end of this Section illustrate how this may be done. Your HSAC can help you think about the data and form a picture of your community's health.

ACTION STEP 6: SHARE THIS REPORT with your HSAC and use it in developing your annual health plan, parent involvement activities, health education curriculum, etc. Discussions of the Health plan, health education and other topics later in this manual will show how this may be done.

DATA LIST: COMMUNITY HEALTH PROFILE

TYPES OF DATA	PRINCIPAL SOURCES	EXAMPLE USES
I. **General Data** A. Racial Composition B. Housing Type C. Economic Status D. Marital Status E. Source of Income F. Employment/Unemployment Rates	Head Start Director or Social Services Coordinator; U.S. Census Reports at local library; Bureau of Employment Dept. of Welfare; Local Planning Board; Health Systems Agency; Local or State Health Department	Identify essential characteristics of the area served; determine social influences on health in the community; determine probable need for referrals to Community agencies.
II. Availability and Accessibility of Health Resources		
A. Number and location of private providers who accept Medicaid and new patients: • physicians • dentists • optometrists • psychologists • others	A. Local professional association, Health Systems Agency, State Medicaid Agency, American Medical Association Directory in local libraries, yellow pages of the telephone book, American Dental Association Directory, etc.	Identify community resources; identify community issues which Head Start should be involved in; identify barriers to services; identify community eligibility for nationally subsidized provider resources, grants, etc.
B. Number and location of clinics or other health facilities	B. Local Health Department, Health Systems Agency	
C. Transportation to health providers and cost of transportation	C & D Local Transportation System, Planning Department	
D. Distances from health providers		
E. Designation as medically underserved or health manpower shortage area.	E. Health Systems Agency	

FIGURE A-1. COMMUNITY HEALTH PROFILE DATA LIST (Sheet 1)

DATA LIST: COMMUNITY HEALTH PROFILE

TYPES OF DATA	PRINCIPAL SOURCES	EXAMPLE USES
III. Nutrition Assessment		
A. Use of Food Stamp Program	A. Food Stamp Office/Department of Public Welfare	Identify influences on eating patterns; problems with accessing foods; possible referrals for H.S. families; determine need for nutrition counseling and referrals.
B. Use of small neighborhood groceries	B & C. Head Start Community Assessment Agricultural Extension Service	
C. Reliance on home-grown foods		
D. Use of Woman, Infant and Children Program	D. WIC Program/Local Health Dept.	
E. Existence of food coops	E & F. Local Community Organizations, Agricultural Extension Office	
F. Transportation to stores and supermarkets		
IV. Mental Health Assessment		
A. Rates of psychiatric hospitalization, suicide	A. Health Systems Agency, Community Mental Health Center	Determine community need for parent education; determine possibility of accepting referrals to Head Start. Identify referral agencies for this problem.
B. Rates of violent crime	B. Local planning department or regional criminal justice planning departments	
C. Rates of drug abuse and alcoholism	C. Health Systems Agency, Community Mental Health Center	
D. Rates of teenage pregnancy and single parenthood	D. Health Systems Agency, Community Mental Health Center	
E. Rates of child abuse and neglect	E. Child Abuse Agencies; Department of Public Welfare; Local/State Health Department	
V. General Health		
A. Infant mortality rate	Local/State Health Department, Health Systems Agency	Determine probable need for prenatal education and health care; basis for comparison with specific diseases common among Head Start families; environmental influences on health.
B. Rates of specific diseases: • lead poisoning • tuberculosis, etc.		
C. Fluoridation of community water supply		
D. Environmental pollution		

FIGURE A-1. COMMUNITY HEALTH PROFILE DATA LIST (Sheet 2)

You may use sheets such as these to record community health information for your Community Health Profile. Refer to Figure A-1, the Community Health Profile Data List, for suggestions on where you can find the information listed below.

Area Served by the Program (city or county): __________

Square Miles in Area Served: __________

Total Population of Area Served: __________

Racial/Ethnic Composition of Area Served:

_____ % White

_____ % Hispanic

_____ % Oriental

_____ % Black

_____ % Native American (American Indian or Alaskan Native)

_____ % Other

Age Composition of Area Served:

_____ % 0-5 years of age

_____ % 6-12 years of age

_____ % 13-18 years of age

_____ % 19-25 years of age

_____ % 26-45 years of age

_____ % 45-65 years of age

_____ % over 65 years of age

Median Income of Area Served:

Major Sources of Income of Area Served?

_____ % Public Assistance

_____ % Unemployment, Social Security, or SSI

_____ % Ownership of Business or Farm

_____ % Seasonal Employment or Hourly Wages

_____ % Ongoing Salaried or Commission Employment

_____ % Other

Unemployment Rate of Area Served _____

FIGURE A-2. COMMUNITY HEALTH PROFILE WORKSHEET (Sheet 1)

Number of Physicians in Area Accepting New Patients (By Specialty): ______

Number of Physicians in Area Accepting Medicaid (By Specialty): __________

____

____

____

Number of Dentists in Area Accepting New Patients: _________

Number of Dentists in Area Accepting Medicaid: __________

Number of Mental Health Providers/Facilities Accepting New Patients (including children): __________

Number of Mental Health Providers/Facilities Accepting Medicaid: _______

Number and Location of Hospitals in Area: _________

Number and Location of Outpatient Clinics in Area (By Type of Service Provided): _________

Number of Supermarkets in Area: _________

Other Types of Food Stores in Area: ________

Number of Families or Persons Eligible or Using Food Stamps in Area: ______

Number of Families Eligible or Using WIC, Free School Breakfast/Lunch or Other Food Programs: __________

Number of Reported Cases of Child Abuse: _______

Violent Crime Rates: ______

Number of Female Headed Households: _______

Adolescent Pregnancy Rates: _______

Infant Mortality Rates: _______

Rates of Tuberculosis in Community: ______

Rates of Lead Poisoning in Community: ______

Fluoridation of Community Water Supply: _______

FIGURE A-2. COMMUNITY HEALTH PROFILE WORKSHEET (Sheet 2)

HEAD START FAMILY HEALTH STATUS PROFILE

Here are the steps to compile a comprehensive Health Status Profile on Head Start families served in past years; this will assist in planning for the coming program year.

ACTION STEP 1: LIST THE TYPES OF INFORMATION you want and how you will use it. To help you get started, we have compiled a sample of a family health status data list in Figure A-3.

ACTION STEP 2: REVIEW AND RECORD THE RELEVANT INFORMATION from individual child health records, tracking system, HSAC minutes, Performance Indicator Reports, health education plans, In-depth Validations, and other health documents from the past two or three years. Some of the data may be available from the Social Service Coordinator. If your program is brand new or does not have these documents on file, contact another Head Start program close by that is similar to yours and ask to review some of their documents (if not confidential) and talk with their health staff about the needs found in their population. The Community Health Profile should also help you focus on the information which applies directly to the type of population you are serving in Head Start, which may be somewhat different than the community as a whole.

ACTION STEP 3: DISCUSS THE DATA LIST and the data collected with the HSAC and other staff.

ACTION STEP 4: LIST ALL THE DATA you have collected and write a report which describes the health patterns and needs of Head Start children and families. The Family Health Status Profile Worksheet in Figure A-4 and the Amazon County case study at the end of this Section illustrates how this may be done.

ACTION STEP 5: SHARE THIS REPORT with your HSAC and use it in developing your annual health plan, health education, etc. Discuss with your HSAC the following questions relating to both the Health Profiles:

- What are the six major health needs in our program population and in the community which should be addressed in this program year?

DATA LIST: HEAD START FAMILY HEALTH STATUS PROFILE

TYPES OF DATA	PRINCIPAL SOURCES	EXAMPLE USES
I. FAMILY HEALTH		
A. No. of single parent families	Child Health Record or Social Services Record	Determine environmental and social influences on health which must be taken into account in planning for needed health services and health education for the whole family (e.g., parenting, training, action to improve housing, etc.
B. No. of parents under age 18		
C. No. of families living in substandard or crowded housing		
D. No. of families reporting history of alcohol or drug abuse		
E. No. of families reporting history of psychiatric hospitalization		
F. No. of families with history of suicide or suicide attempts		
G. Major or chronic illnesses reported in family history (cancer, hypertension, diabetes, tuberculosis)		
H. No. of families reporting having a regular source of comprehensive medical care		
I. Major usual source of medical care reported by families (i.e., type such as emergency room, private physician, etc.)		
II. CHILD HEALTH		
A. No. of children not living with biological parents	A & B. Child Health or Social Services Records	Determine need for emphasis on mental health education, counseling referrals, staff training, probable need for specific health services
B. No. of reported cases of child abuse or family violence among Head Start families in past years		
C. Immunization levels	C. Tracking System, SAVI	
D. No. of children who have seen a dentist before entering Head Start	D & E. Child Health Record	
E. No. of overweight and underweight children in past years		
F. Of all children with handicapping conditions reported, % having conditions diagnosed after entry to Head Start	F. Diagnostic Files, Annual Handicap Survey, Minutes of Diagnostic Team Meeting	

FIGURE A-3. HEAD START FAMILY HEALTH STATUS PROFILE DATA LIST (Sheet 1)

DATA LIST: HEAD START FAMILY HEALTH STATUS PROFILE

TYPES OF DATA	PRINCIPAL SOURCES	EXAMPLE USES
II. CHILD HEALTH (cont'd)		
G. Types of health problems uncovered and treated after entry to Head Start	G. Tracking System, Child Health Records	
III. FINANCIAL COVERAGE		
A. No. of Medicaid eligible children	A. Performance Indicators Report, Child Health or Social Service Records	Determine probable need for finding providers who accept different kinds of medical coverage, need for locating in-kind services and for expenditure of Head Start funds.
B. No. of families covered by health insurance and extent of coverage	B. Child Health or Social Service Records	
C. Five most expensive types of treatment paid by Head Start in past; no. of children involved; dollars spent	C & D. Budget and Financial Records, Child Health Records	
D. Total dollars spent by Head Start for health services to children and families		

FIGURE A-3. HEAD START FAMILY HEALTH STATUS PROFILE DATA LIST (Sheet 2)

You may use sheets such as these to record health information on the Head Start population for your Head Start Family Health Status Profile. Refer to Figure A-3, the Head Start Family Health Status Profile Data List, for suggestions on where you can find the information listed below.

	19__	19__	19__
Number of Children Enrolled in the Last Three Years:	____	____	____
Percentage of Children Enrolled who had no prior dental care	____	____	____
Percentage of Children Enrolled who did not have up-to-date immunizations	____	____	____
Number of Single Parent Families Served:	____	____	____
Number of Adolescent Parents Served:	____	____	____

Describe specific health problems your program has encountered in the past three years:

	TYPE OF PROBLEM	NUMBER OF CASES
EXAMPLE:	Head Lice	35
	Mental Retardation	10

1. ______________________________ __________
2. ______________________________ __________
3. ______________________________ __________
4. ______________________________ __________
5. ______________________________ __________
6. ______________________________ __________
7. ______________________________ __________
8. ______________________________ __________
9. ______________________________ __________
10. ______________________________ __________

FIGURE A-4. HEAD START FAMILY HEALTH STATUS PROFILE WORKSHEET

- How should our health plan for this year address these needs?
- What resources do we have or could we develop to meet these needs?
- How should our health education and parent involvement activities reflect these needs.

In applying this information concerning past experience to plan for the coming program year, try to take into account any significant recent changes in the community or Head Start programs which may affect current health needs. For example if the local government started a food supplement project for children in your community one or two years ago you might expect to find fewer nutritional problems than were reported earlier, if your Head Start families took advantage of this project.

CASE STUDY: NARRATIVE ON DEMOGRAPHIC DATA COLLECTED BY AMAZON COUNTY HEAD START PROGRAM

The Amazon Head Start program serves the entire county of Amazon with a population of 259,987 situated within a 287 square mile area. The population is 28 percent white, 25 percent black, 18 percent Hispanic and 29 percent Native American. The unemployment rate is 15.7 percent, the median income is $9479/year and 64 percent earn their income from farming; the remainder work in local industries and service organizations. Within the county there are two hospitals, three health clinics, and 15 physicians. The county has been designated as medically underserved in 13 of the 20 census tracts.

The majority of the people receive their health care from the above mentioned health care providers; however it is often necessary to seek services in Wonton City, 200 miles away. There are several stores and one market in the county. The local department of welfare has received 200 reports of child abuse and neglect during 1978. According to Amazon County Department of Health statistics the infant mortality rate for 1978 was 15.7 per 1,000 live births.

During the past three years (1976-1979) over 65 percent of the families in the county have received public assistance. During the same period over 75 percent of the families served by the Amazon Head Start Program were single parent families, 18 percent of the children enrolled were referred from child abuse agencies, 86.5 percent of the children had received no dental care prior to enrollment in the program, and immunizations for 28 percent of the children were not up to date at enrollment. During this three year period Head Start has been instrumental in obtaining diagnosis and treatment for mentally retarded children (7), cleft palate (2), and impaired hearing (3).

Answer the following questions:

1. What are the health needs in this program which should be addressed this program year? (cite 6)
2. List two ways of addressing each of the six health needs you have identified.
3. Write two objectives for the health plan for this program for the coming year.
4. Identify five (5) priorities for health education for the coming program year.

APPENDIX **B**

EXAMPLES OF COMMUNITY RESOURCES

Agencies, Institutions, And Providers

Training And Technical Assistance Providers

Fiscal And In-Kind Resources

APPENDIX B

EXAMPLES OF COMMUNITY RESOURCES

Every program needs an up-to-date community resource file. A sample of such a file is offered in Section I, Figure I-2 of this Manual. Listed below are basic types of health resources which are available in many communities; you may wish to use them as a starting point for your own resource file by locating your local branch or chapter or office of these resources.

AGENCIES, INSTITUTIONS, AND PROVIDERS

1. Local Library
2. Local/State Health Department
3. Health Systems Agency
4. Private physicians, dentists, optometrists, psychologists, etc.
5. Community Mental Health Center
6. Department of Public Welfare
7. Planned Parenthood
8. Child Guidance or Children's Services Program
9. Association for Retarded Children
10. United Cerebral Palsey
11. Easter Seal
12. Bureau of Vocational Rehabilitation
13. Child Abuse Agencies
14. Public Health Agency
15. Visiting Nurse Association
16. Alcoholics Anonymous
17. Women, Infant, and Children Program (WIC)
18. Agricultural Extension Program

19. Food Stamp Program
20. Local Planning Board (city or regional)
21. State or District Dietetic Association.
22. Faculty in various disciplines at a local college or university (e.g., nutrition, home economics, psychology, nursing, health education, dentistry, medicine, dental hygiene, etc.)
23. Community Food and Nutrition Program
24. Hospital and Public Health Clinics
25. Local Dairy Council
26. Local medical, or dental society
27. Service organizations - Lion's Club, Rotary Club, etc.
28. Voluntary organizations - Foster Grandparents, etc.
29. USDA Child Care Food Program
30. American Academy of Pediatrics
31. Crippled Children's Services (State Health Department)

TRAINING AND TECHNICAL ASSISTANCE PROVIDERS

1. State-wide training and technical assistance grantees
2. U.S. Public Health Service Regional Dental Designee
3. Community Representative/Program Review and Resource Specialist, Regional Office, Administration for Children, Youth and Families
4. Resource Access Projects

FISCAL AND IN-KIND RESOURCES

1. Supplemental Security Income SSI (Federal Agency with local offices)
2. Medicaid EPSDT (State Agency)
3. Insurance coverage of an individual family
4. In-kind services from provider staff and voluntary organizations
5. Donations from voluntary and service organizations
6. USDA Child Care Food Program
7. Crippled Children's Services (State Health Department)

APPENDIX **C**

HEAD START HEALTH STAFF RESPONSIBILITIES

Health Coordinator Descriptive Profile

Nutrition Coordinator Responsibilities

Mental Health Coordinator Responsibilities

APPENDIX C
HEAD START HEALTH STAFF RESPONSIBILITIES

HEALTH COORDINATOR DESCRIPTIVE PROFILE

Job: Head Start Health Coordinator

Scope: Accountable to the Head Start Director of the grantee Head Start agency and the Health Service Advisory Committee. Responsible for the administration and implementation of the total health component as stated in the Head Start Performance Standards.

Qualifications:

1. Administrative experience and training are desirable.
2. Health education and planning experience are desirable.
3. Knowledge of and interest in child and family health care which includes preventive, early intervention and health maintenance practices.
4. Ability to relate to psychosocial and health problems which typify the Head Start population.
5. Ability to communicate and function with various professional and community groups.

Salary: Commensurate with qualifications and existing salary levels for a comparable position in the community.

Duties and Responsibilities:

1. Responsible for the overall planning, administration, and implementation of the total health component (medical, dental, nutrition and mental health), including assisting in the development of job descriptions for other health staff.
2. Serves as health planner; prepares written health plans, health budget and written reports that are to be submitted to the grantee, regional office and ACYF.

3. Supervises and promotes team cooperation in the provision of health services to Head Start children.

4. Facilitates the organization of the Health Service Advisory Committee and utilizes the committee in the planning, implementation and evaluation of the health component.

5. Promotes, in conjunction with other Head Start staff, active parent involvement in the total Head Start Health Program; for example, parents as members of the Health Advisory Committee.

6. Assists the family in assuming the primary responsibility for their own health care including providing a listing of health component requirements.

7. Links the child and the family into an ongoing health system.

8. Identifies and utilizes state and local resources for the health program.

9. Maintains updated individual health records on Head Start children.

10. Develops the Head Start staff team approach to the delivery of health services to Head Start children.

11. Integrates health education into the total Head Start program and helps to provide health education for parents staff and children.

12. Participates in on-the-job training session.

13. Compiles and analyzes data on the effectiveness of the health service component.

14. Serves as an advocate for child health.

15. Interprets the handicap functional diagnosis to the teachers and parents; assures that the education program meets the child's needs.

16. Promotes environmental health and safety practices.

17. Serves as a liaison to the health community, for example, groups serving handicapped children.

NUTRITION COORDINATOR RESPONSIBILITIES

In writing a "Job Description" for the local Head Start program Nutrition Coordinator, the following outline of responsibilities may be useful. Additional information regarding the duties of the local nutrition coordinator may be found in: Handbook for Local Head Start Nutrition Specialists, USDHEW/OHDS/ACYF/Head Start Bureau; 1975. In other respects, the job description may be patterned after that of the Health Coordinator which appears in this Appendix.

1. Nutrition Assessment and Planning for Children

    a. Obtains nutrition assessment information for each child enrolled in Head Start as required by Head Start Performance Standards.

    b. Assesses each family's nutritional needs as required by Head Start Performance Standards.

    c. Evaluates the information collected in a. and b. above for use in nutrition treatment programs and/or nutrition education program.

2A. Administrator of the Nutrition Services Program (See also alternate arrangement under 2B.)

    a. Assists nutritionist in nutrition services budget preparation.

    b. Assists nutritionist in tracking food service expenditures.

    c. Prepares Nutrition Services Plan.

    d. Files for USDA reimbursement.

    e. Negotiates food service contract.

    f. Ensures compliance with local and state health sanitation and safety standards.

2B. Operator of the Nutrition Services Program (See also alternate arrangement under 2A.)

   a. Hires food service employees.

   b. Prepares job descriptions, work schedules, and food services performance assessment procedures.

   c. Prepares menu and snack plan and insures that it is implemented with minimal substitutes.

   d. Purchases food and equipment.

   e. Supervises food storage.

   f. Supervises the provision of meals and snacks including work plan of center cooks.

   g. Ensures compliance with local and state health sanitation and safety standards.

3. Nutrition Education

   a. Assesses need for nutrition education for children, staff, and parents.

   b. Develops comprehensive nutrition education program to meet the needs assessed in item a.

   c. Determines the training needs of food service personnel.

   d. Provides ongoing training to meet cooks' individual needs.

4. Participates as an active member of the Health Services Advisory Committee.

5. Coordinates nutrition activities with other components and works with community agencies.

MENTAL HEALTH COORDINATOR RESPONSIBILITIES

In writing a "Job Description" for the local Head Start program Mental Health Coordinator, the following outline of responsibilities may be useful. In other respects, the job description may be patterned after that of the Health Coordinator which appears in this Appendix.

1. Assists in planning the mental health program.
2. Assists in providing help for children with atypical behavior by initiating community referrals.
3. In cooperation with other component coordinators (Social Service and Education), ensures followup after a diagnostic exam has confirmed the existence of behavioral problems.
4. Assumes primary responsibility for psychological and psychiatric records.
5. Obtains parental consent for special mental health services.
6. Orients parents and works with them to achieve the objectives of the Mental Health program.
7. Advocates for mental health work/programs in the community.

APPENDIX **D**

HEAD START REGIONAL OFFICES

APPENDIX D

HEAD START REGIONAL

REGION I:

Mr. Richard A. Stirling
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APPENDIX E

HEAD START HEALTH CONSULTANTS

Regional Head Start Dental Consultants

Resource Access Projects (RAPs)

REGIONAL HEAD START DENTAL CONSULTANTS

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Chapel Hill Training-Outreach
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REGION V: Michigan, Minnesota, Wisconsin

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Portage Project
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REGION IV: Mississippi

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South Dakota, Utah, Wyoming

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REGION IX: American Samoa,
Commonwealth of Northern Marianas
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Guam, Hawaii, Marshall Islands, Palau

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MATERIALS YOU MAY NEED

Materials For Screening

Consumable Materials For Classroom Use

Educational Materials For Parents, Teachers, And Children

APPENDIX F

MATERIALS YOU MAY NEED

MATERIALS FOR SCREENING

1. A scale for weighing children. The beam balance type is recommended, rather than the bathroom type scales.
2. A yardstick secured to a wall, to measure children's heights.
3. Vision testing charts and paper cups (to cover children's eyes).
4. Tuberculin testing materials.
5. Urine test papers.
6. Audiometer.

CONSUMABLE MATERIALS FOR CLASSROOM USE

1. First aid kits.
2. Fire extinguishers.
3. Toothbrushes and a way to store them and keep them clean. Sometimes these are available at very low cost from manufacturers. Dental societies sometimes will donate them to Head Start programs; it may however be necessary to buy toothbrushes. Sometimes the state or local public health department can supply them at low cost, or provide manufacturer addresses and wholesale prices.
4. Fluoride supplements if the water in your area is not fluoridated or if children live in rural areas with non-flouridated well water.

EDUCATIONAL MATERIALS FOR PARENTS, TEACHERS, AND CHILDREN

1. Pamphlets and handouts. Often available free from local and/or state health departments, voluntary health agencies and many other sources.

2. Books. Set up a checkout system to make sure that these will be returned by borrowers.

3. Posters. Often available free from Dairy Association, American Dental Association, etc.

4. Films and filmstrips. These need a checkout system, too.

5. Projectors (e.g., 16mm projector for films, carousel for slides, overhead and filmstrip projectors).

6. Videotape equipment (if your project can afford it).

7. Role-playing equipment. Doctor and nurse dress-up clothes, stethoscope. Fisher-Price Co. makes a physical examination kit intended as a toy (very sturdy).

8. Transmittal Notices

    a. Periodicity - 7/29/76 (TN 76.6).

    b. An Interagency Agreement between EPSDT Program and Head Start (TN 80.5).

    c. Handicapped (Diagnostic Criteria). Previous transmittal notice 75.11 replaced by The Survey of Head Start Handicapped Efforts, 1978-1979, OMB number 85-R0288.

    d. Head Start Services to Handicapped Children - 2/28/73 (TN 73.4).

9. ACYF Personnel List and Training and Technical Assistance Contractors (national, regional, state).

10. Your Program's Confidentiality Policy.

11. Film catalogue (if available from your local or state health department).

12. Crippled Children's Services descriptive material for your state.

13. Medicaid or/and Food Stamps eligibility requirements for your state or locality.

14. Recipes for Success (EPSDT) and How-to-Guide.

15. EPSDT materials for your state and locality - Early and Periodic Screening, Diagnosis and Treatment.

16. Health Staff Job Descriptions.

17. Immunization Guidelines (from your State Health Department).

18. Federal Publications on Head Start Health such as:

    a. Handbook for Local Head Start Nutrition Specialists (HEW).

    b. Child Care Food Program brochures (Agriculture).

WORKSHEET FOR IDENTIFYING NEEDED MATERIALS (Sheet 1)

TASK	MATERIALS/FORMS NEEDED
1. HSAC Functions	
• Membership Recruitment and Orientation	
• Meetings	
• Participation in Self-Assessment, etc.	
2. Health History/Parent Interview	
3. Screenings	
• Medical	
• Dental (Oral Health Categorization/Priorities)	
• Nutrition	
• Developmental Assessment	
• Physical Examination	
4. Referrals	
5. Diagnosis and Treatment	
• Medical	
• Dental	
• Nutrition	
• Mental Health	
6. Health Services for Children with Special Needs	
• Children with Handicaps	
• Children from Diverse Cultures/Languages	
• Children with Other Special Needs	
7. Relationships with Providers & Consultants	
• Recruitment and Orientation	
• Working Arrangements	
• Financial Arrangements	

Worksheet for Identifying Needed Materials (Sheet 2)

TASK	MATERIALS/FORMS NEEDED
8. Safety	
• First Aid	
• Sanitation	
• Transportation Safety	
• Playground Safety	
• Classroom Safety	
• Staff and Volunteer Health	
9. Food Preparation, Inventory, Storage, and Transportation	
10. Records and Documentation	
• Consent Forms	
• Child Health Records	
• Tracking and Follow-Up	
11. Health Education	
• Medical	
• Dental	
• Nutrition	
• Mental Health	

APPENDIX **G**

HEALTH EDUCATION PLANNING MATERIALS

Health Education Program Objectives

Example Health Education Focal Issues

APPENDIX G
HEALTH EDUCATION PLANNING MATERIALS

HEALTH EDUCATION PROGRAM OBJECTIVES

These objectives are offered as a model that a Head Start Project might wish to consider in establishing an integrated health education program as discussed in Section VII of this manual.

MEDICAL: FACTS ABOUT GROWTH AND DEVELOPMENT, CHILDHOOD HEALTH, ILLNESS

Children	Staff	Parents
1) Identify body parts, functions, and feeling-states	1) Demonstrate observational skills and recordkeeping techniques	1) Demonstrate observational skills and recordkeeping techniques
2) Accept growth of self and others	2) Relate basic growth and development knowledge	2) Relate basic growth and development knowledge
3) Choose to take care of themselves through rest, food, exercise and cleanliness	3) Understand facts about childhood health problems and common illnesses	3) Understand about childhood health problems and common illnesses
4) Recognize health care providers and accept care from them	4) Identify community health care providers	4) Use community health care providers
5) Understand about germs and good hygiene	5) Use planning and coping skills for common and emergency situations and "special needs" children	5) Care for common self-limited conditions
6) Perform self care of simple cuts, or very minor burns. Cover mouth when sneezing, etc.		6) Understand the role that hygiene, nutrition and home environment play in childhood illnesses

HEALTH EDUCATION PROGRAM OBJECTIVES - MEDICAL

MENTAL HEALTH/FAMILY LIFE

Children

1) Know that it is healthy and normal to express feelings
2) Know that feelings are to be expressed in ways that are not dangerous nor traumatic to themselves or others
3) Know that everyone has feelings and everyone needs to have opportunities to express them
4) Understand "sameness and difference" (both physical and role) and learn to function with all kinds of people
5) Learn they have abilities by experiencing success in daily activities and thereby develop self confidence
6) Learn that they are part of a family and group
7) Be aware of their bodies and respond appropriately

Staff

1) Provide effective developmental assessment
2) Recognize and support importance of secure home base
3) Recognize that so-called aberrant behavior is normal reaction to strange situations
4) Provide psychologically safe environment for children and staff and parents
5) Model positivism and acceptance
6) Be aware of own attitudes concerning family, emotional expression, cultural differences, sexual curiosity of children
7) Develop partnership with parents, using resources of home

Parents

1) Develop skills in observing children's feelings and needs
2) Recognize importance of secure home base
3) Develop ongoing relationships with Head Start program and community health care providers
4) Develop self confidence through participation

HEALTH EDUCATION PROGRAM OBJECTIVES - MENTAL HEALTH/FAMILY LIFE

NUTRITION

Children	Staff	Parents
1) Choose variety of foods to achieve adequate nutrition	1) Attend to nutritional adequacy of foods provided at Center (1/3 to 2/3 of RDA)	1) Attend to adequate nutrition
2) Choose nutritious snacks	2) Model healthy positive experiences with food	2) Model healthy, positive eating habits
3) Try new foods	3) Assess growth pattern through height and weight to determine "at risk" children and develop care plan	3) Become effective food consumers
4) Choose appropriate amount of food; choices should be structured so as to promote nutritionally adequate and satisfying food selection	4) Remember that nutritional problems are possibly linked to other problems and need to be approached systematically	4) Involve all family members in food preparation and eating
	5) Remain sensitive to own attitudes and to cultural aspects of eating behaviors	
	6) Support Head Start families as food consumers through linking them to food assistance programs	
	7) Encourage entire family (staff) involvement in pleasurable participation in eating.	

HEALTH EDUCATION PROGRAM OBJECTIVES - NUTRITION

DENTAL

Children

1) Be aware of the importance of teeth to appearance, in chewing and in talking
2) Know proper technique and regularly brush teeth
3) Know that diet affects teeth
4) Choose to eat healthful, non-sugary snacks
5) Accept care from a dental professional

Staff

1) Be aware of the importance of teeth to appearance, in chewing, and in talking
2) Be aware of importance of primary teeth
3) Know how to prevent cavities and gum disease through --
    - o plaque removal through proper brushing and flossing
    - o balanced nutrition with a diet low in sugars and emply calorie foods
    - o fluoride
4) Know and arrange for appropriate preventive dentistry visits annually for children who have reached three years of age
5) Prevent dental accidents through recognition and removal of potential hazards
6) Know how to handle a toothache
7) Know how to handle injuries to teeth
8) Identify professional resources who encourage parental participation in preventive dentistry
9) Identify professional resources willing to accept new medicaid dental patients
10) Know about dental problems such as nursing bottle mouth syndrome and improper bite and how they might be prevented or minimized
11) Identify sugar as dental health hazard and encourage and model reduction of sugar consumption through preparation of healthful, nonsugar snacks
12) Know and practice proper selection and care of toothbrushes
13) Seek regular dental care themselves

Parents

1) Be aware of the importance of teeth to appearance, in chewing and in talking
2) Be aware of the importance of primary teeth
3) Know how to prevent caries and periodontal disease through --
    - o plaque removal through proper brushing and flossing
    - o balanced nutrition with a diet low in sugars and empty calorie foods
    - o fluoride
4) Identify sugar as a dental health hazard and prepare healthful, nonsugar snacks
5) Be aware of the importance of and practice infant mouth cleaning to prevent nursing bottle mouth syndrome
6) Know and practice proper selection and care of toothbrushes
7) Prevent dental accidents through recognition and removal of potential hazards
8) Know how to handle a toothache
9) Know how to handle injuries to teeth
10) Recognize importance of reading nutritional and ingredient labels
11) Seek regular dental care themselves

HEALTH EDUCATION PROGRAM OBJECTIVES - DENTAL

SAFETY/ACCIDENT PREVENTION/FIRST AID

Children

1) Walk, not run, in center
2) Keep electrical devices out of mouths
3) Walk carefully with pointed instruments, carrying pointed ends downward
4) Recognize difference between hot and cold
5) Pick up toys after playing
6) Do not take medicine unsupervised
7) Stop, look both ways and listen before crossing streets
8) Don't take rides from strangers
9) Don't play with matches
10) Call on adult to help with any injured person
11) Let an adult know immediately if fire break out
12) Know own phone number and name of person to contact if lost
13) Clean small cut with soap and water, apply bandaid with assistance
14) Use cold running water for burned fingers
15) Do not open bottles/containers without asking adult

Staff

1) Use checklist to evaluate safety of Head Start facility/equipment
2) Have emergency plan for fire/accident/poisoning
3) Model appropriate awareness of environmental hazards
4) Know first aid

Parents

1) Become aware of potential problems in safety and hygiene in own home
2) Understand that risks naturally arise as children become more active
3) Encourage alert awareness rather than fearfulness
4) Know basic first aid
5) Have plan for emergencies

EXAMPLE HEALTH EDUCATION FOCAL ISSUES

The example focal issues illustrate health problem areas that a Head Start Project may wish to deal with is its health education program. The examples show how content development and method selection apply to a unified program that relates to children, staff, and parents.

a. Focal Issue: Helping the Over(Under)Weight Child

(1) Rationale

- Head Start programs have a very important role in supporting positive eating attitudes and behaviors not only for the children but also for the parents and staff associated with their programs.
- Although eating habits may be fairly well developed by the time the child enters a Head Start program' a systematic approach dealing with the situational and attitudinal factors in the center, the emotional, cultural and economic factors in the family and the emotional, physical and developmental factors of the child, may modify those learned patterns.
- Positive food attitudes and behavior can be developed through exposure to a wide range of nourishing food presented in a pleasant atmosphere and to stimulating nutrition-related learning experiences.

(2) Process/Concepts

The problem of modifying the nutritional status of the over(under) weight child is a complex one requiring careful problem definition and a coordinated supportive approach rather than a single dimensional or punitive one.

- Define the problem carefully. Obtain a diagnosis by a competent health provider along with written dietary recommendations. Develop a food record for use at home and assess food intake at the program. Determine situations in which child over(under) eats.
- Develop an individualized plan.
    - For the child: Provide positive learning experiences with new foods, explorations of the sensory qualities of food -- colors, tastes and textures --. Link the child's growth and development and need for nutrition to that of plants and animals, and include the child in the entire process of food preparation -- from growing seeds, to shopping, to selection and combination, to washing, peeling, etc.

These learning experiences can be provided through stories, dialogue, food preparation, field trips to local stores, songs, building mobiles, doing paintings, or growing seeds.

Special attention needs to be paid to structuring the mealtimes so that the time is pleasant, unrushed and the portion size is controlled without singling out any one child. Focus should be placed on food replacement, increase in activity, and reduction of high calorie and high fat food for the overweight child and the expansion of a food "repertoire" for the underweight child, rather than placing emphasis on food restrictions. In no way should the child be singled out or made to feel punished by this process.

For the staff: Head Start staff needs to be knowledgeable about appropriate nutrition and the importance of modelling that to children and parents. They need to understand the causal and symptomatic relationship between nutritional status and overall health. They need to be sensitive to the emotional and cultural aspects of food habits and aware of their own values and how they play into the classroom situation. The attitude of the staff should always be one of support and empathy rather than judgment or punishment.

This can be approached through self administered food diaries, development of interdisciplinary care plans, participation in cooking classes with calorie or cost constraints, role playing situations of stress eating, periodically receiving articles on nutritional problems or consumerism in nutrition, and finally through staff discussion of food served at the center. Staff consciousness should be raised regarding impact of their poor eating habits (e.g., snacking on doughnuts, breakfasting on soft drinks and potato chips) on the children.

For the parent: The parents need to be aware of basic nutritional principles and the importance of modelling appropriate eating habits to their children. They need to be aware of the importance of avoiding rewarding or punishing with food, of the options of nutritional snacks instead of those with empty calories, the necessity of balancing calorie intake with exercise, the possible selection and preparation of less refined foods, and the availability of monetary support through federal programs to purchase foods for better diets. The parent needs to be involved in the planning and implementation of any special care needed to improve the nutritional status of the child.

This can be approached through involvement of the parents in classroom activities, through newsletters, through conferences, through special cooking classes, through announcements of specials on television, and through home visits, exposure to "alternative snacks" as a replacement for empty calorie foods.

b. Focal Issue: Dealing with the "Behavior Problem" Child in the Classroom

(1) Rationale

- Head Start programs have a very important role in supporting the development of a positive self concept among participating children as this positive self concept is a foundation for emotional growth.
- Children ages 3-5 are experiencing themselves as distinct individuals with unique bodies and a range of emotions and simultaneously as members of a group of other children and adults with separate yet similar bodies and emotions. In the Head Start setting, children must experience and experiment with empathy and impulse control. The setting must be safe for both, with feelings valued as much as things and ideas.
- There are cultural, familial and individual variations in attitudes about what is appropriate or normal behavior. Indeed what might be called aberrant behavior could be a normal creative response to a strange or threatening circumstance. Head Start programs must be wary of labelling children as problematic.

(2) Process/Concepts:

Any situation of an apparent "behavior problem" child must be approached systematically with the recognition that behavior is a relationship and also that specific behavior is only the visible aspect of many potential problems. Head Start programs must provide the model for dealing with issues of emotional expression with openness and support.

- Diagnose the problem carefully. Assess the situation in which the problem behavior occurs. Assess the stability of the current family situation. Assess if there is an as yet undiagnosed medical problem or learning disability.
- Develop a specific "treatment" and apply it consistently.
  - For the child: If this is a simple behavioral problem uncomplicated by medical components, emphasize that you like the child but don't like the behavior. Provide

experiences for developing a positive self perception both in terms of body concept and in terms of self as reflected by others.

Suggested activities include: frequent use of the child's name; action songs using body parts; drawings, scrapbooks, photos and mirrors reflecting the child, games such as Hokey-Pokey which develop body image, books and discussions and role plays about feelings and their facial and physical expression.

- For the staff: All members of the staff must be aware of the importance of their modelling positive interactions and feelings and of their role as empathetic listeners rather than as "controllers". In order for the staff to be open to and supportive of the expression of emotions, they must be aware of their own attitudes and communication styles and be supported in coping with their own stress.

  This can be accomplished through role play, through structuring feedback sessions within meetings, simply acknowledging that Head Start positions can be stressful jobs, providing support for changing "negative" styles of coping -- through overeating, smoking, denial of needs until exhausted -- and providing support for self development. Be aware that stress management is a basic preventive health education task as stress is related to the development of disease and to violence.

- For parents: Parents need to be involved through discussion with the implementation and reinforcement of any behavior change program and with the support of the child's positive self concept. Parents too need to be aware of the importance of their role as model and empathetic listener. Parents need to be provided themselves with support in terms of empathy, social support and linkage to relevant social agencies for coping with their own stress. They, like staff, need support in changing their own negative styles of coping -- overeating, smoking, and denial of needs until exhausted.

  This can be accomplished through conference, involving parents in classroom activities, home visits, newsletters, and parent sessions on habit change, medical consumerism, and dealing with personal changes.

c. Focal Issue: Supporting Body Awareness and Gender Identity

(1) Rationale

- Head Start programs have an important role in supporting the child's natural curiosity about his or her entire body and world in supporting the child's needs for both affection and physical intimacy and for privacy.
- Children ages 3-5 are developing a sexual identify both in terms of physical differentiation and in terms of role concept. They need to be supported with non-sexist images and with the experience that growth and the need for and capacity to provide nurturance continues throughout life for both sexes.
- Parents and staff need to have an opportunity to express their feelings in a supportive environment in order to experience acceptance of their own feelings and needs. Only then will they be able to fully model that for the children.

(2) Process/Concepts

Feelings of 3-5 year olds and feelings of parents and staff about "sex" are often different and sometimes in conflict. Children's curiosity is not sexual in the sense of an adult's concept, but rather it is undifferentiated and comes from the same impetus to know about the world as other questions about things or feelings.

- For the child: The child needs to feel comfortable with physical intimacy and with other individuals' needs for privacy, to appreciate the sameness and differences between male and female bodies and roles, to understand that everything grows and needs support and space, to experience that curiosity about the body is positive and creative.

  Suggested activities include: dialogue, painting, books, anatomically correct dolls, watching plants and animals grow, dance and games identifying body parts, dramatic play, and the visit of a pregnant woman.

- For the staff: The staff needs to feel comfortable with children's needs for fondling themselves and cuddling with adults of both sexes. They need also to recognize their feelings about children's questions about bodies and birth and try to deal with those questions without embarrassment. They need to explore their own attitudes and any materials used in the center for sex bias which would unnecessarily constrict the children's exploration of self.

  These issues can be addressed with spontaneous discussion, role plays, formal sessions on growth and development of children, joint staff/parent sessions and actual classroom involvement and experience.

- For the parent: Parents too need support for dealing with their children's curiosity and needs for physical intimacy without embarrassment. Involving parents in classroom activities is one way to demonstrate how normal their children's curiosity and role development is and how honestly and casually it can be handled. Parents' concerns about discussions about birth and anatomical differences can usually be allayed by involving them in the process and demonstrating to them that discovery of sexual differences is a natural part of exploration of the world. Most importantly, if the child is not to learn that there is something "wrong" with his or her body, the needs and values of the parents must be respected.

  Parental involvement with classroom activities is the primary way to accomplish this comfortable awareness.

d. Focal Issue: Dental Health Education

(1) Rationale

- Approximately 90-98% of the population is afflicted with dental caries. Approximately 50% of those over 30 years old have some periodontal disease. And this is an essentially preventable disease.
- Head Start has an important role to play in creating an awareness and interest in the importance of good oral health and its relationship to total health. Dental health education programs in Head Start can help children and families develop effective life-long habits which promote good health and can also link families with the health care system so they can maintain an ongoing connection after the Head Start experience.
- Dental health education is a topic about which many Head Start staff are not as familiar as with other educational topics. Its implementation requires the same systematic planning with objectives and lesson plans and with involvement of children, staff and parents as does any topic in health education.

(2) Process/Concepts

Dental health education addresses the understanding of the growth, development and maintenance of healthy teeth, the relationship of diet and professional care to dental health and the relationship of good dental health to overall positive health status.

- For the child: The child needs to know the importance of teeth, proper brushing techniques and what floss is, the relationship of food to teeth and the importance of regular professional care. Suggested activities include: regular toothbrushing as part of the Head Start routine, tooth models for practicing proper toothbrushing and flossing techniques, songs and games about teeth, books and dramatic play, discussions about food and preparation of nonsugary snacks, preparation for and field trips to dentists for screening and treatment if necessary, take-home activities such as disclosing tablets or good snacks cookbooks, discussions about photographs of smiling people, or field trips to a zoo to watch animals chew their food with different kinds of teeth.

- For the staff: Besides being knowledgeable about simple dental anatomy and hygiene, staff needs to be knowledgeable about community dental health resources and the handling of dental emergencies. Assisting families in assuming responsibility for their own health is best accomplished through modelling and through involving parents in dental education and treatment activities scheduled for their children.

  Staff dental health education can be approached through presentations by local dental health professionals, through preparation for and participation in visits with dental health professionals, staff instruction in the use of the toothbrush and dental floss, planning a Head Start facility safety plan that includes prevention of and copying with dental accidents, role playing around how to support parents in improving their own dental health without embarrassing or otherwise alientating them.

  Staff training is especially important in dental health education as this content area may well be one where there is misinformation among staff.

- For the parents: Parents need to support their children's positive dental health by modelling appropriate hygiene and diet and also by establishing and maintaining contacts with professional dental care providers. Some of these needs are for information about tooth development and care and about balanced diets and the importance of reducing sugar consumption. Some of these needs are for resources either in the form of toothbrushes, or access to support for purchase of better quality diets or for reimbursement for professional dental care.

  These needs can be met by involving parents in classroom activities or in staff training sessions, by having parents accompany their children to visits to dental professionals, through a newsletter with educational pieces or listings of local professional dental care providers, through one-one discussions with Head Start staff, or the extension of classroom activities into the home via take-homes such as disclosing tablets or good snacks, cookbooks, or home visits.

APPENDIX **H**

EXAMPLE FORMS AND LETTERS

APPENDIX H

EXAMPLE FORMS AND LETTERS

This appendix contains example forms and letters which you may copy or adapt for use in your program. Make sure that they agree with your local policies and/or legal requirements before you use them. More information about the use of these and other forms may be found in the manual sections listed below.

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SAMPLE LETTER TO EPSDT SCREENING PROVIDER

Dear Dr. ______________________________

I am the health coordinator for the __________________ Head Start program (in, at) ____. Each year, we try to arrange for complete screening, diagnosis and treatment services for the children enrolled in our program. This year we have enrolled (Number) children between the ages of 3 and 5. About ____________ percent of these are eligible for the EPSDT services provided under the (State) Medicaid Program.

Parents of children applying for entrance into our Head Start program told us their children have received services from you in the past. We encourage parents to continue using their regular provider when arranging for health care during their child's enrollment. Our program provides supportive services, including transportation and babysitting, to families, where needed, to ensure that children enrolled in Head Start can obtain all health services needed. This can help reduce the number of missed appointments scheduled by Head Start children.

When one of our Medicaid-eligible Head Start children is scheduled for an appointment with you this year, he/she will present a letter from us which identifies him/her as a Head Start child. It would help us complete our records and avoid duplication of services if you would send us a copy of screening results when you see a Head Start/EPSDT child. This could either be a copy of the screening form or a statement that findings were normal (or negative) or that diagnosis and treatment were indicated. Naturally, if referral is necessary, we would like the name of the provider to whom you referred the child.

A sample Release of Information form used in our program is enclosed. Our program takes all precautions to protect the privacy of medical information.

Many thanks for your help.

Sincerely,

Health Coordinator

Enclosure

SAMPLE LETTER TO SOLICIT DENTAL SUPPORT

Dear Dr. ____________________:

Our agency will be operating a (summer/full year) Head Start Program for __(number)__ children from __(date)__ to __(date)__.

The participation of dentists in the program is now being solicited. Within our budgetary limitations, we hope to provide the following services:

- Comprehensive exams, including treatment plans
- Restorative Services (silver fillings, stainless steel crowns, etc.)
- Pulpotomies
- Routine tooth extractions (of teeth that cannot be restored)
- Group education and oral hygiene instruction

Top priority for dental care is given to diagnostic and restorative services. If sufficient funds remain after these services are provided, we will emphasize preventive services which include prophylaxis, topical flouride application, oral hygiene instruction and nutritional counseling for each child.

Tentative plans are to send enrollees who are most in need of treatment services to the dentist first, then proceed thgough our roster to those who do not have as much apparent need, treating as many as our funds will allow us to. To assist us with planning and budgeting allocation, we request a copy of the treatment plan and estimated cost for each child, before authorizing payment for services beyond the first appointment.

Unfortunately, there are never enough funds available to operate as comprehensive a dental program as we would like, but we feel we can be effective in providing many needed services and, at the same time, introducing the children to dentistry with the funds we do have available.

We are always receptive to offers of donated in-kind services, and consultative advice on how to take advantage of such programs as Medicaid, and suggestions for improving our dental program. Please advise us if you would be willing to serve as our (volunteer or paid) dental director within the above guidelines in making necessary arrangements with your fellow professionals and guiding our dental program.

The classroom based preventive plaque control program conducted by our staff for children and parents is constantly in need of professional guidance and assistance.

If you are willing to cooperate with us in any capacity, please advise by return letter. If you do participate as a provider, we can guarantee the presence of the number of appointed children you can service on the date and time you designate.

Thanking you in advance for your cooperation in the advancement and promotion of dental health.

Sincerely yours,

BEST COPY AVAILABLE

SAMPLE FOOD SERVICE AGREEMENT

The Food Service Department of ______________________________ (agency) agrees to provide food services to _________________________________ (Head Start Program) according to the terms specified below.

The Food Service Department will prepare and package lunches and snacks (number) (days per week) for up to (number) children and (number) adults who are participating in the Head Start Program.

Each meal or snack will be prepared in accordance with the menus submitted by the Head Start program two weeks prior to the scheduled meal. Menus are subject to mofifications based on availability of food items. Requests for special meals and snacks will be granted if received at least one week before the special event. Food will be prepared with consideration to decreasing overall use of sugar, salt, and fat, in accordance with good nutritional practices. Amounts of food per child will conform to USDA Child Care Food Program regulations.

Terms of the agreement:

(date) to (date)

Head Start will pay the following costs:

(for each child)	_______	snacks	(for each adult)	_______	snacks
	_______	lunch		_______	lunch
	_______	paper goods		_______	paper goods
	$______	Total		$______	Total

The Head Start program will be billed on the last day of each month for food services delivered during that month.

If actual food and labor exceed agreement terms, adjustments may be negotiated.

Head Start will hire and supervise drivers who will transport the food to the Head Start Centers from the kitchens of the Food Service Agency.

This agreement is subject to cancellation at any time based upon sixty (60) days written notification by either party.

Signed: (Director of Food Services) (date)

Signed: (Head Start, Nutritionist or Nutrition Coordinator (date)

SAMPLE HEALTH SERVICES MONTHLY REPORT

Month ____________________

Note: This format can be used for the annual report and for monthly reporting from each health area (medical, dental, mental health, nutriton).

NARRATIVE:

____
____
____

Medical Services

Number of children enrolled ____________________
Number of children with complete physicals ____________________
Number of children who completed treatment ____________________
Number of children with complete immunizations ____________________
Number of children with incomplete immunizations ____________________
Number of DPT's completed ____________________
Number of Polio immunizations completed ____________________
Number of Measles immunizations completed ____________________
Number of Rubella immunizations completed ____________________
Number of Mumps immunizations completed ____________________

Screenings

Hearing completed ____________________ incomplete ____________________
Vision completed ____________________ incomplete ____________________
Speech completed ____________________ incomplete ____________________
Dentals completed ____________________ incomplete ____________________
Lead screening ____________________ incomplete ____________________
Blood test ____________________ incomplete ____________________
Tine test ____________________ incomplete ____________________
Other ____________________ incomplete ____________________
Problems to be resolved:
Total Cost of Medical Services to Head Start: ____________________

Other Health Activities

Parent contact letters sent ____________________
Request for medical records ____________________
Staff physicals completed ____________________ incomplete ____________________
Volunteer physicals completed ____________________ incomplete ____________________
Number of volunteers and parents taking tine test at center ____________________
Accident reports submitted ____________________
Number of parent-health worker conferences ____________________
Number of fact sheets sent out to parents-teachers ____________________
Subjects of fact sheets ____________________
____

SAMPLE HEALTH SERVICES MONTHLY REPORT (CONTINUED)

Nutrition

Number of growth charts completed 2 times a year ____________________
Number of medical and other referrals made __________________________
Number of nutrition comittee meetings and menus submitted ______________
Number of Health Service Advisory Committee meetings __________________
Number of health workshops in the classroom __________________________
Number of nutrition assessments completed ________ incomplete ______
Number of nutrition counseling sessions completed _____ incomplete ______
Number of nutrition referral sessions completed ______ incomplete ______
Number of parent meetings for input in menu planning
completed _____ incomplete ______

Problems to be resolved: ____
____
____

Total cost of Nutrition Services to Head Start: ____________________

Dental Service

Number of children with oral health categorizations completed ______ incomplete ________
Number of children with dental exams completed ______ incomplete ________
Number of children with dental treatment services completed _______ incomplete _______
Number of children with dental prophylaxis services completed _______ incomplete _______
Number of dental health education sessions:
individual ________ incomplete _____
group ____________ incomplete _____

Problems to be resolved: ____
____

Total cost of Dental Service to Head Start: ____________________________

Mental Health Services

Number of developmental assessments completed ______ incomplete __________
Number of psychological exams completed ___________ incomplete __________
Number of mental health observations completed _____ incomplete __________
Number of mental health referrals completed _______ incomplete __________
Number of mental health consultant days completed ___ incomplete __________
Number of mental health education/counseling sessions
for parents ____________________ incomplete __________
group ____________________ incomplete __________

SAMPLE HEALTH SERVICES MONTHLY REPORT (CONTINUED)

Mental Health Services (continued)

Problems to be resolved: ____
____

Total Cost of Mental Health Services to Head Start: ____________________

Child Health Advocacy

Number of Health Services Advisory Committee Meetings ____________________
Number of`Parent Education Programs ______________________________
Number of Guest Speakers ____________________________________
Number of Inservice training workshops ____________________________
Number of meetings Health Services staff attended with outside agencies____
Problems to be resolved: ____________________________________
____
____

Total Cost of Advocacy Services to Head Start: ____________________

Health Budget

Total Monthly Health Services Expenditures: ____________________

EXPLANATION OF PROBLEMS-DEFICIENCIES:

____
____
____
____

DATE SUBMITTED: ____________________ SIGNATURE ____________________

MEETING PREPARATION CHECKLIST

- Agenda Planned?
- All members notified...time, date, place?
- Have flyers, news notices, mailings etc. been sent?
- Does Secretary have minutes ready from last meeting?
- Is there any correspondence---is there any action necessary?
- Are committees prepared to report?
- Is there any committee action, or action on report necessary?
- Is someone responsible for the meeting?

  Unlock building. Have lights, chairs, tables, refreshments, baby-sitting, transportation... been planned?

- Is special equipment ready?
  Ballots, blackboard, easels, chalk, marking pens, screen and projector, microphone etc... with someone available to operate equipment.
- Have guests or speakers been notified of time and place, parking etc?
- Are there clear direction to meeting room, bathrooms, baby-sitting, kitchens, auditorium etc?

Do you need to meet with or give information to members...committee chairpersons, officers, etc. to assist in official wording of motions or references to official documents? Should special grantee staff or board members be invited to meetings where special interest or information should be represented? Is there any special information or data that should be researched for discussion and record at the meeting? Are there items of business that will require reference to By-Laws, Performance Standards, Official ACYF Correspondence, Policy Manual or TN 70.2? Will copies be readily available? Should any reports, documents etc. be copied for members consideration during the meeting?

Generate the necessary support services to members of boards, committees and Policy Council; stand by to assist if requested, and prepare all reports, statistics etc. as requested.

Follow up immediately after each meeting to insure support for, or action to carry out the decisions made at the meeting.

SAMPLE AGENDA

Small City Head Start Program
Health Services Advisory Committee

Agenda
February 31, 1981
7:30 P.M.

1) Welcome, roll call, and reading of last meetings' minutes — Approve (correct and approve)

2) Correspondence

3) Chairperson's Report

4) Center Reports

5) Special Reports:
   a) Educating Local Physicians on the Performance Standards
   b) Health Speakers for Parent Meetings — Approve Dates and Speakers

6) Old Business/Unfinished Business
   a) Carried over from last meeting
   b) Progress report on long-range projects
      1) The Self-Assessment Process: where we are now
      2) Safety Site Visits and Accident Reports

7) New Business
   a) Hospital Health Fair
   b) CAP Agency Speaker's Bureau

8) Special Announcements

9) Adjourn Meeting

GUIDELINES TO MINUTE-TAKING

Regular meeting or special (State the purpose for which called)

Name of Organization or Committee

Time

Date

Place

Name and position of person presiding

Record names of members (and staff) present..indicate if quorum

Minutes of Last Meeting:

State whether accepted, corrected and accepted; as mailed, as handed out, as read. If amended, be sure to record details and location in minutes exactly as corrected. Reading of minutes can be dispensed with by a majority vote to save time, especially if they have been mailed or given out in advance

Treasurer's Report: Accept (for the record) or

Finance Report: Approve, if it presents changes, proposes budgets

Reports: Committees, Staff etc.

Indicate whether read to group.. The secretary should have a written copy, or should summarize report for the minutes. Record what action taken. Accept or Receive if just information. Approve if action is required. This may be as a recommendation from the committee, as a conclusion to the report... might be action of group after some consideration of the report, as a motion.

All Motions:

Should record: who made motion, who seconded (This makes it officially "on the floor" for discussion and vote). The exact wording should be recorded. This is official business. A brief statement of discussion pro and con may be summarized to record various suggestions and opinions. State the vote and the result..Passed or Defeated. Abstentions should be recorded by name.

Indicate all amendments -- would also be a motion for action; then the main motion would be stated and voted "as amended."

"Points of order, appeals to the Chair, call for vote, Call the question" should be recorded.

Record a summary of Old and New Business, with motions, discussions, or concensus action.. "to get more information," "refer to committee," etc.

Record: Announcements

Time, date, place of next meeting if decided.
Time of adjournment.

SAMPLE FORM FOR TAKING MINUTES AT MEETINGS

AGENCY____________________

Date:_____________________ Time: From _________ to __________

Meeting of _________________________ Committee

AGENDA

1.

2.

3.

etc.

PARTICIPANTS

Name, Title

1.

2.

3.

etc.

Discussion

Decisions

Recommendation for Action (and by whom, due dates, etc.)

Date, time, place, for next meeting

Minutes taken by:

____

EMERGENCY CONTACT VERIFICATION

(Program name, address)

Dear ________________,

Your name has been submitted to us as an emergency contact person(s) for ____________________________________ who is currently enrolled at (center, address) ____________________________________. When parents cannot be reached in an emergency situation, you may be called to accept parental responsibility. If you have any questions, please call the Social Service Department at _____________.

Please indicate below whether you agree to be available for emergency contact.

I (agree, do not agree) to be the emergency contact person for

___________________________.

________________________________ ________________________________

Signature Date

____

Witness

MEDICATION CHECK LIST

CHILD'S NAME ______________________ Date ____________

Does the container show?	YES	NO
1. The child's full name	______	______
2. Name of Medicine	______	______
3. Name of physician prescribing	______	______
4. Schedule of administration	______	______
5. Amount given per dose	______	______
6. Pharmacy's name	______	______
7. Date medication was sold.	______	______
Does the container have a childproof cap?	______	______
Was the caregiver notified of the child's need for medication?	______	______
Was the health staff notified?	______	______
Were parents notified?	______	______

Parent Emergency Contact Number for today is _____________.

When all of the above are YES, then --

give medication to staff member to put in the medicine container in the kitchen refrigerator, and place this checklist in the Health Coordinator's (Health Advocate's) mailbox.

If some of the above are NO, then --

give medication to staff to place in the medicine container in the kitchen refrigerator, but understand that the Health Coordinator or the Health Advocate may contact you (the parent) to discuss the missing information and whether we can administer the medication.

____

Signature (of staff person accepting medication)

INFANT AND PRE-SCHOOL EMERGENCY & MEDICAL HEALTH RECORD (FRONT)

INFANT AND PRE-SCHOOL
EMERGENCY & MEDICAL HEALTH RECORD

CHILD'S NAME (LAST NAME FIRST) ______________________

ADDRESS ______________________ DATE OF BIRTH ______________________

FATHER'S NAME ______________________ HOME PHONE ______________________

EMPLOYER (NAME & ADDRESS) ______________________ BUSINESS PHONE ______________________

MOTHER'S NAME ______________________ HOME PHONE ______________________

EMPLOYER (NAME & ADDRESS) ______________________ BUSINESS PHONE ______________________

IN CASE OF EMERGENCY: WHEN PARENTS OR GUARDIAN ARE NOT AVAILABLE, CALL:

LOCAL FRIEND OR RELATIVE ______________________ PHONE ______________________

LOCAL FRIEND OR RELATIVE ______________________ PHONE ______________________

THESE PEOPLE SHOULD KNOW OF THIS PLAN:

CHILD'S OR FAMILY PHYSICIAN ______________________ PHONE ______________________

SUGGESTED HOSP. (NAME & ADDRESS) ______________________ PHONE ______________________

I, THE UNDERSIGNED PARENT OR GUARDIAN, HEREBY GIVE MY CONSENT, IN THE EVENT OF AN EMERGENCY WHERE NEITHER I NOR MY FAMILY PHYSICIAN CAN BE CONTACTED FOR THE ABOVE NAMED CHILD TO BE TAKEN TO THE HOSPITAL I HAVE NAMED ABOVE OR TO THE EMERGENCY ROOM AT THE MARICOPA COUNTY HOSPITAL FOR TREATMENT BY THE PHYSICIAN IN THE EMERGENCY ROOM.

I HEREBY CONSENT TO HAVING INFORMATION ON THIS CARD AVAILABLE IN THE CLASSROOM

______________________ (Signature - Witness) ________ (Date) ______________________ (Signature-Parent/Guardian) ________ (Date)

(BACK)

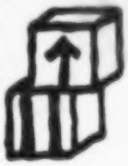
TO BE COMPLETED BY PARENT/HEALTH COORDINATOR FOR CLASSROOM USE.

DATE OF LAST PHYSICAL EXAM:

MEDICAL HISTORY	NOTATIONS
ALLERGIES: DRUG OR FOOD	
SPECIAL MEDICAL PROBLEMS	
RECENT ILLNESS OR SURGERY	
PHYSICAL LIMITATIONS & HANDICAPS	
HEART CONDITION	
CHEST CONDITIONS	
ASTHMA	
CONVULSIONS	
RHEUMATIC FEVER	
DIABETES	
STREP INFECTION	
CHILDHOOD DISEASES	

IMMUNIZATION RECORD

DPT MONTH/YEAR	POLIO MONTH/YEAR		DT or Td MONTH/YEAR	MEASLES MONTH/YEAR	SKIN TEST		X-RAY & OTHER TESTS	
					MONTH/YEAR	RESULTS	MONTH/YEAR	RESULTS
		1				mm		
		2		RUBELLA MONTH/YEAR		mm		
		3				mm		
		B		MEAS-RUBELLA MONTH/YEAR	DENTAL	VISION	HEARING	
		B						



NAME OF HEAD START PROGRAM

CONSENT FOR CHILD TO RECEIVE SCREENINGS AND EXAMINATIONS
(By Parent or Guardian)

I, ______________________________, hereby give my consent for the child or children listed below to receive the screening tests, immunizations and examinations checked below, and for transport of the child or children to and from the services as needed. I understand that these services are deemed necessary or advisable by the Head Start program, and that I will be informed of any results which are not normal.

This consent is valid for one year after the date signed. The purpose of this consent form has been explained to me.

Check off services below:

Hearing Test ________

Visual Acuity Test ________

Strabismus Test ________

Hematocrit/Hemoglobin ________

Height and Weight Measurement ________

Immunizations ________

Medical Examination ________

Dental Examination ________

Tests as appropriate (list)

____

____

____

NAMES	BIRTHDAYS

Signature of Parent/Guardian: ____________________ Witness: ____________

Relationship: ______________________________

I have explained to ________________________ the purpose of this release
(name of parent/guardian)
and the nature of the tests and examinations children enrolled in Head Start receive.

Signature of Head Start Staff: ________________________ Date: ____________

NAME OF HEAD START PROGRAM

CONSENT FOR CHILD TO RECEIVE MEDICAL OR DENTAL TREATMENT
(By Parent or Guardian)

I, ________________________________, hereby give my consent for
(Parent/guardian)

________________________________ to receive the following type
(name of child)

or types of treatment:____

____

____

____

and for transport of the child to and from the source of the treatment, as needed.

I understand that this treatment has been recommended as necessary or advisable for this child by a physician or a dentist, and I understand the nature of the treatment. The purpose of this consent form has been explained to me. This consent is valid for one year after the date signed.

Signature of Parent/Guardian: ___________________________

Relationship to Child: _________________________________Witness:__________

I have explained to ____________________________the purpose of this consent
(name of parent/guardian)
and the nature of the treatment recommended for the child listed above.

Signature of Head Start Staff:________________________ Date:______________

NAME OF HEAD START PROGRAM

PARENT/GUARDIAN PERMISSION TO REVEAL OR OBTAIN CONFIDENTIAL INFORMATION

I, ______________________________, give the ______________________________
(parent/guardian) (Head Start program)
consent to obtain from or give to the following agencies and/or persons pertinent social, medical or other information about ______________________________
(name of child)
for whom I am legally responsible. In granting such permission, I understand that such information will remain confidential and that such information will be used for the benefit of the child named above. This consent is valid for one year after the date signed.

Name of Agency or Person	Address

I release the ______________________________ and its staff from any legal
(Head Start program)
liability for disclosing or acquiring information which I have permitted by signing this form.

I also release the above-named persons and/or agencies from any legal liability for giving information to the ______________________________ for the
(Head Start program)
period stated above.

Signature of Parent/Guardian:______________________________ Date:__________

- -

I have explained to ______________________________ the purpose of this release
(name of parent/guardian)
and the disclosure which might reasonably be anticipated.

Signature of Head Start Staff:______________________________ Date:__________

SPECIAL PERMISSION FOR RUBELLA, RUBEOLA (MEASLES), OR COMBINATION VACCINE

1. Does your child have an allergy to meat, eggs, or feathers (chicken or duck)? ______
2. Does your child have any allergy to ducks, rabbits? ______
3. Is your child allergic to Neomycin, Penicillin, or any other drug? ______
4. Does your child take any drugs other than vitamins on a regular basis (daily)? ______
5. Is there any history of allergy in your family? ______
6. Does your child suffer from a convulsive disorder, tuberculosis, cancer, leukemia, or other serious chronic disease? ______

I have read and understand the above information.

Signature:______________________________

I request my child to receive:

Vaccine	1	2	3	B1	B2
Oral Polio					
D.P.T.					

Vaccine	
Measles	
Mumps	
Rubella	
Measles/Rubella/ Mumps Combination	

Date: ______________________________

Witness:______________________________

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NAME AND ADDRESS OF PROGRAM

CONSENT FOR CHILD'S EMERGENCY MEDICAL/DENTAL TREATMENT

(By Parent or Guardian)

I, ______________________________, hereby give my consent for emergency medical or dental treatment of the child or children listed below by any licensed physician or dentist while under the care of PROJECT HEAD START (Child Care Provider) and for transport of the child or children to and from the source of emergency treatment.

This care may include examinations and any tests which, in the opinion of the physician or dentist, are deemed necessary or advisable.

This does not include the right to perform surgical operations without my further consent, except in the case of an emergency and when after an effort has been made to locate me, I am found to be unavailable.

This consent is valid for one year after the date signed.

The purpose of this consent form has been explained to me.

NAMES	BIRTHDAYS
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________

Signature: ______________________________ Witness: ______________________________

Relationship: ______________________

I have explained to ______________________________ the purpose of this
(name of parent/guardian)
consent form.

Signature of Head Start Staff: ______________________ Date: ____________

NAME OF HEAD START PROGRAM

AUTHORIZATION FOR MEDICATION TO BE GIVEN AT THE CENTER

Nurse ______________________________

Date ______________________________

CHILD'S NAME ______________________________________

DATE BEGINS ______________________ DATE ENDS ____________________________

NAME OF MEDICATION ________________________________

INSTRUCTIONS FOR USE OF MEDICATION ARE FOUND

1) ON MEDICATION CONTAINER ____________________

2) OTHER (INDICATE) ___________________________

DOCTOR'S NAME ______________________________________

____

SIGNATURE RELATIONSHIP

____

(Name of Head Start Program)

PARENT CONSENT FOR INITIAL EVALUATION FOR SPECIAL SERVICES

Date ________________________

Dear ________________________

We would like to evaluate your child's needs in the following area(s):
____
____
____
because we believe that __________________________ may need some special education help.

We cannot ask anyone to assess your child until you have given us written permission to do so. You may do this by signing the form below.

Sincerely,

____
Head Start Representative

****

Please complete this form and return it to ______________________.

I hereby give my written permission for the Head Start Program to schedule evaluations of my child, ________________________________.

I understand that I will be invited to participate in meetings held for this purpose.

____
Parent/Guardian

___ (check) I have read and understand the Notice of Parents' Rights which accompanies this form.

___ (check) Please contact me to further explain this form.

____
(Name of Head Start Program)

PARENT/GUARDIAN CONSENT FOR SPECIAL SERVICES

I give my permission for ______________________________
(Name of Child)

to receive from ______________________________
(Name of Service Provider)

the following specific services:

____

____

____

____

My consent for these services expires ______________________________

____
(Date Signed)

____
(Signature of Parent or Guardian)

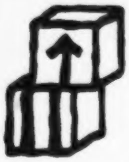
- -

I explained the purpose of this consent to ______________________________
(Name of Parent or Guardian)

before it was signed.

____
(Date Signed)

____
(Signature of Head Start Representative)



SAMPLE COVER LETTER TO DIAGNOSTICIAN*

____
(Name of Head Start Program)

Dear ________________,

__________(Child's name)__________ of _____(Address)__________ has been accepted in Head Start for the program year __________.

The parents of the child have given written permission to send us diagnostic information. A copy of the permission is enclosed.

In order to comply with the Administration for Children, Youth, and Families mandate for reporting handicapped children in Head Start, we must have professional diagnosis and confirmation of severely or substantially handicapped conditions.

Please read the enclosed "Criteria for Reporting Handicapped Children in Head Start" and keep it on file for future reference.

If the child has been evaluated and diagnosed and falls into any of the categories, please fill out the enclosed diagnostic Referral and Reporting Form and return it to me. This information is needed for funding purposes only and will not be sent on to any other person or institution.

Please describe the child's strengths and weaknesses and give us suggestions for whatever special equipment, treatment, or facilities you feel would be appropriate.

This information is necessary so that we may develop an approparite individual education plan and arrange for related services.

Thanking you for your assistance, I remain,

Yours truly,

Name: ______________
Title: ______________

*Developed by Champlain Valley Family Development Corporation, Winooski, Vermont.

DIAGNOSTIC REFERRAL AND REPORTING FORM

Attention Diagnostic Provider

In order that this child might qualify for special funding to finance these services, it is necessary that you supply the following information.

This information will be held confidential and will be used to enhance this child's development. Please be as specific as you can.

To be filled out before referral by the Head Start agency.

Appointment Date________________

Name of Child__________________________________Age_______D.O.B.____________

Referred by: Name____

Position____

Agency____

Head Start Agency

Name____

Address____

Contact Person____

Reason for Referral (include here specific screening results)

____

____

____

____

****

To be filled out by the diagnostician and returned to Head Start

Name of Diagnostician____

Position____

Agency Name____

Address____

Discipline____

DIAGNOSTIC REFERRAL AND REPORTING FORM (cont'd)

I. Categorical Diagnosis

I, ________________________________, indicate that according to my professional judgement, this child qualifies for special services and meets the statutory requirements of the following handicapping condition: (Please check; if the child is multiply handicapped, please number the primary condition #1 and the secondary condition(s), #2).

_______ Blindness

_______ Deafness

_______ Physical handicapped (Orthopedic problem)

_______ Speech impaired (communication disorder)

_______ Mental retardation

_______ Serious emotional disturbance

_______ Specific learning disabilities

_______ Health or developmental impairment

_______ Visual Impairment

_______ Hearing Impairment

Diagnosis(es) ____

____

____

Please describe instruments used in diagnosing this child. Were any special considerations given because of socio-economic or cultural factors in this case?

____

____

____

DIAGNOSTIC REFERRAL AND REPORTING FORM (continued)

II. Functional Assessment

A. Strengths ______________________________

____

____

B. Weaknesses ______________________________

____

III. Individualized Planning

A. Please list any suggestions which you feel would aid in developing an individualized curriculum for this child. Do you recommend any home follow-up activities for parents?

____

____

____

____

____

B. Do you recommend special services, equipment, or facilities for this child?

Yes________ No________

If yes, what special services are recommended? (Please check and elaborate below if necessary.)

- ________ Special Education, including Language Development
- ________ Speech Therapy
- ________ Physical Therapy
- ________ Psycho Therapy
- ________ Family Counseling
- ________ Medical Services
- ________ Visual Training
- ________ Auditory Training
- ________ Gross Motor Development
- ________ Fine Motor Development
- ________ Changes in Environment at Home or School
- ________ Behavioral Management

(Please specify: ______________________________

____

What special equipment or facilities? ______________________________

____

Date ________________ Signature ________________

PARENT INVITATION TO STAFFING CONFERENCE

Dear Parent:

We are asking your attendance and participation in a meeting designed to review information and develop individual plans to meet the special needs of your child ______(Name)______________.

The Meeting will be held on __________________ at _______ a.m./p.m. at ______(Address)______________ and will last about _______ hour(s). The names and titles of Head Start Staff, parents and representatives from other agencies in the community also participating in this meeting are attached.

We very much want to plan with you to meet the special needs of your child.

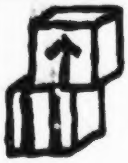
___(Name of Head Start Representative)___ has been asked to meet with you individually before this meeting takes place to answer your questions, explain the purpose of the meeting and how you can participate in it. He/she also will discuss any question you may have about the presence of the other persons participating in this meeting as well as your wish to invite a representative of your choice. You may call ___________________ for an appointment.

We are looking forward to working with you and your child.

Sincerely,

____
Signature of Head Start Representative

____
Date



NOTICE OF PARENTS' RIGHTS*

All children who enter the Head Start Program receive physicals and other health screening tests to make sure they are healthy and are developing normally. Some children will need additional or special services from Head Start to help meet any needs which are uncovered by these physicals and screenings.

In order to give children the right kind of help, a Child Study Team will meet to review the child's strengths and needs, and to plan exactly the right services and activities for him.

Before the Team meets, you will get a letter from the Head Start Program, letting you know that the Team would like to review and plan a special program for your child, and asking for your O.K. in writing.

Before the Team meets, they will also need as much information as possible about your child. They may want to talk to doctors, nurses, teachers, social workers, or other agencies which have seen your child.

YOU HAVE THE RIGHT

> to give your written O.K. before any of this information is shared with the Head Start Program, and before Head Start gives other agencies any information on your child.

The Team will most likely be made up of the Head Start teachers, doctors, and other specialists who have seen your child, and Head Start health, education, and other staff members. The people who are on the team are there because they know something about your child, or about other children with special needs, or because they will be taking part in actually teaching or giving other services to your child. The Team will also need information from you, the parents, who know your child better than anyone else in the world. They will need your help in deciding on the best services to meet your child's needs.

YOU HAVE THE RIGHT

> to meet with the Child Study Team and to give them your observations and information about your child. If you like, you may bring someone with you to speak for you or to help you in the meeting. If you can't come to a meeting, you can send this person instead, and/or send your information to the Team in writing. You may also send your child to different doctors or specialists for another physical or other tests and share the results with the Team.

---

* Extracted from "Parent Power in Head Start"

NOTICE OF PARENTS' RIGHTS (Continued)

The Team should not take too long to finish its planning so that the Program can begin giving the right services to your child as early in the school year as possible.

YOU HAVE THE RIGHT

to have your child's review finished in a timely manner. You will be shown the Team's written plans for your child. You have the right to give or not give your written O.K. for these plans.

IF YOU DO NOT AGREE WITH THE PLANS FOR YOUR CHILD:

You can meet with Head Start staff to talk over the plans and the reasons you do not agree with them. You may bring someone with you to help you during the meeting. You may ask questions of anyone at the meeting.

YOU HAVE THE RESPONSIBILITY TO:

* Go to as many of the Team meetings as possible.

* Ask questions whenever you don't understand what is being said or done, or whenever you are concerned about how your child is acting or learning.

* Share your observations about your child with the Team, as well as any changes in the family which might affect your child in the center.

* Try to carry out those activities which the Team suggests would be helpful to your child when he is at home, and report back the effect these activities have on him.

HEALTH SUMMARY FORM *

Dear Parent or Guardian:

This is a summary of the health services that have been provided for your child during enrollment in the Head Start Program/child care program. You will find this useful, not only in registering your child in Kindergarten, but also in continuing good preventative health care. Please keep this with your records for future reference. If you have any questions, please feel free to call me at ________________.

Sincerely yours,

____
Health Coordinator

- -

Child's Name ________________________
Date of Birth ________________________

	DATE	DONE BY	RESULTS
Physical examination	________	__________	____________________________
Speech screening	________	__________	____________________________
Audio screening	________	__________	____________________________
Vision screening	________	__________	____________________________
Anemia Test	________	__________	____________________________
Urine Test	________	__________	____________________________
Tuberculin Test	________	__________	____________________________
Other (specify)	________	__________	____________________________
________________	________	__________	____________________________
Dental examination	________	__________	____________________________
Health Treatment Services (Medical, dental nutritional, and mental health)			

*Courtesy of Cattaraugus County Head Start

Immunizations:

DPT (Diptheria, Pertussis, Tetanus) 1. ______, 2. ______, 3. ______,
B1 ______, B2 ______

Polio 1. ______, 2. ______, 3. ______, B1 ______, B2 ______

Growth Assessment

Measles ______		Height	Weight
Rubella ______	Date ______	______	______
Mumps ______	Date ______	______	______
MMR ______	Date ______	______	______

RECOMMENDATIONS OF COMMENTS:

____

____

____

Health records with your permission were forwarded to ____________
______________________.

IEP STAFFING REPORT (CASE CONFERENCE)

Date__________ Time: From_____ To_____ Meeting of________________Committee

Members Present____

Child/Family Case Reviewed____

****

Summary of Progress Notes Since Last Meeting:

Summary of Treatment and Medications Delivered Since Last Meeting:

Contacts with Family Since Last Meeting:

Description of Changes in Child's Condition/Progress Toward IEP Objectives:

Summary of Committee's Reassessment of IEP Objectives and Interventions:

IEP STAFFING REPORT (continued)

Recommendations for Action	Due Date	By Whom

Referrals: To Whom	Person Responsible	Date of Follow-up	Estimated Date of Completion

Summary of Meeting Sent to Parent (if absent):

By Whom____________________

Date____________________

Minutes Taken By____________________

____

SAMPLE ACCESSIBILITY ROSTER*

FORMS	PERSON RESPONSIBLE	ACCESSIBILITY
1. Child Health Record a. History b. Screenings and Physical Exam c. Dental Exam and Treatment d. Nutrition Assessment e. Teacher's Health Observation/Progress Notes	Health Coordinator/ Health Aide Others responsible for the Health Component Education Staff (e)	Director Parents Central Staff Consultants Health Aide
2. Parent Consent/Permission Forms a. General Parent Authorization for Health Services b. Consent for Initial Evaluation c. Consent for Emergency Treatment (copy in classroom) d. Special Vaccine Permission e. Absence/Illness Agreement (copy in Classroom) f. Medication Authorization (copy in classroom) g. Emergency Contact (copy in classroom) h. Release/Exchange of Information i. Consent for Special Services	Health Coordinator Handicap Coordinator Social Service Coordinator	Director Health Aide Central Staff Parents Designated Classroom Teacher/Head Teacher (c, e, f and g)

* From the Amazon County Head Start Program

SAMPLE ACCESSIBILITY ROSTER

FORMS	PERSON RESPONSIBLE	ACCESSIBILITY
3. Reports/Progress on Follow-Up Treatment a. Medication Checklist (copy in classroom) b. Health Staff Progress Notes c. Copies of Medical and other Treatment Reports	Health Coordinator	Director Parents Central Staff Designated Classroom Teacher/Head Teacher (a)
4. Categorical Diagnosis a. Professional Diagnostic Reports b. Categorical Diagnostic Designation	Health Coordinator Handicap Coordinator	Health Coordinator Handicap Coordinator Parents Director
5. Functional Assessment a. Diagnostician's Assessment b. Education Staff's Assessment	Health Coordinator Handicap Coordinator	Director Parents Central Staff Designated Education Staff, incl. Classroom Teacher Designated Consultants
6. Individualized Education/Plan and Certification a. Certification Team Conference Summary b. IEP	Leader of IEP Team	Director Parents Certification Team IEP Team Designated Education Staff, incl. Classroom Teacher Designated Consultants Central Staff

SAMPLE ACCESSIBILITY ROSTER

FORMS	PERSON RESPONSIBLE	ACCESSIBILITY
7. IEP Staffing Reports a. Parent Invitations to Staffing Conferences b. IEP Staffing Reports c. Consultant Reports d. Prescriptive Programs and Progress with them	Leader of IEP Team	IEP Teams Director Parents Education Staff Designated Consultants
8. Mental Health Referral and Reports	Health Coordinator Handicap Coordinator Mental Health Coordinator	Director Parents Designated Mental Health Consultants Central Staff
9. Teacher Observations and Referrals to Central Staff Specialty	Education Coordinator	Director Parents Education Staff Designated Consultants Central Staff IEP Team
10. Parent Summary Forms a. Handicap Program Termination Summary b. Health Summary	Health Coordinator Handicap Coordinator Social Service Coordinator	Director Parents Education Staff IEP Team Designated Consultants
11. Social Service Information	Social Service Coordinator	Director Parents Central Staff IEP Team Designated Consultants

TERMINATION SUMMARY

Dear Parent or Guardian:

This is a summary of the special services that have been provided for your child throughout his/her enrollment in the Head Start Program. You will find this useful, not only in registering your child in school, but also in continuing to make sure your child gets the services he/she needs. Keep this with your other records and take it with you if you move out of the area. If you have any questions, feel free to call me at ______________________________.

Sincerely yours,

____
Handicap Coordinator

Name of Head Start Program:

Address:

Child's Name: Parent's Name:

Address:

Results of Initial Evaluation

Individualized Educational Plan

Short-range Objectives:

Progress toward Short-range Objectives by end of year:

Long-range Objectives:

Progress Toward Long-range Objectives:

Special Learning Activities:

TERMINATION SUMMARY (continued)

Other Special Services Given

Results of Re-Evaluation or Program Changes

Recommendations for Future Services

Other Comments

With your permission, your child's records were forwarded to ______________

____

CERTIFICATION OF CHILD FOR HEAD START HANDICAPPED SERVICES: TEAM CONFERENCE SUMMARY

SITE____DATE________________

CHILD'S NAME________________________M___F___BIRTHDAY________________

ADDRESS____ZIP________________

PARENT/GUARDIAN__________________________________PHONE________________

PRIMARY LANGUAGE OF HOME____

I. Functional description of disabling condition. (From Diagnostician)

II. Child observation/Functional assessment. Strengths and weaknesses.)Describe the child as he/she functions in such areas as social/emotional development, intellectual development, language development, physical development, etc.)

III. Special Program/Educational Needs. (Speech Therapy, Ramp to classroom, etc.)

IV. Committee Certification. (MARK ONE)

a. Head Start Handicapped Program

☐ This child's special needs can be met by the Head Start program and/or a combined placement in Head Start and another program.

b. Regular Head Start Program

☐ This child's condition is such that he/she requires no special services, but will receive the regular comprehensive services provided to all Head Start children and families.

c. Referral to another program

☐ This child's special needs cannot be met by the Head Start program and will be referred to an appropriate community agency.

APPROVED:

Parent/Guardian		Name:	Position:
Name:	Position:	Name:	Position:
Name:	Position	Name:	Position:

APPENDIX **I**

STATE HEAD START EPSDT INTERAGENCY AGREEMENT

STATE HEAD START/EPSDT INTERAGENCY AGREEMENTS

State	Region
Arkansas	VI
California	IX and IMPD
Florida	IV and IMPD (14 local agreement which are equivalent to State agreement)
Kentucky	IV
Louisiana	VI
Maryland	III
Michigan	V and IMPD (Migrant grantee)
Mississippi	IV
New Mexico	VI and IMPD (agreement for NAVAHO Head Start programs and 8 Northern Pueblos Head Start)
New York	III
North Dakota	VIII and IMPD (all Indian Programs)
Ohio	V
Oklahoma	VI
South Carolina	IV
Washington, D.C.	III
Wisconsin	V

APPENDIX J

USER EVALUATION FORM

APPENDIX J

USER EVALUATION FORM

Suggestions and comments from users of the Health Coordination Manual will be incorporated into it to make it more useful. Your comments can help us tailor the manual to your needs.

Please tell us which section of the manual you found most useful, which ones could be improved and how, and new topics which could be included in future editions of this manual.

____

____

____

____

____

If you have ideas on ways to change the organization or layout of the manual to make it more useful to you, please list them below. Use the back of the form if you need more space.

____

____

____

____

Please return the completed form to:
Phyllis E. Stubbs, M.D., M.P.H.
Director, Health Services Branch
ACYF (Administration for Children, Youth and Families)
P.O. Box 1182
Washington, D.C. 20013

Your Name(optional) ________________ Region: ______________ Date: ______________

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